



COUNTY BOROUGH OF ROTHERHAM

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

WILLIAM BARR, M.D., D.Sc., D.P.H.

FOR THE YEAR

1934

ROTHERHAM :

HENRY GARNETT & CO., LTD., "ADVERTISER" OFFICE

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COUNTY BOROUGH OF ROTHERHAM

HEALTH COMMITTEE

as at December 31st, 1934.

HIS WORSHIP THE MAYOR
(ALDERMAN A. P. AIZLEWOOD, J.P.).

Chairman :

ALDERMAN F. HARPER.

Vice-Chairman :

COUNCILLOR G. C. BALL.

ALDERMAN	F. A. BARLOW.	COUNCILLOR	MRS. F. L. GREEN.
„	W. BROOKE, J.P.	„	MRS. E. HUGHES.
COUNCILLOR	G. A. BARKER.	„	L. KIRK.
„	W. G. DENHAM.	„	J. E. MICKLETHWAITE.
„	R. DEWAR.	„	MRS. M. H. MOORHOUSE.
„	W. FOWLER.	„	H. NORTH.

SUB-COMMITTEES :

HOSPITALS SUB-COMMITTEE.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

MENTAL DEFICIENCY SUB-COMMITTEE.

JOINT COMMITTEES:

SHEFFIELD, ROTHERHAM AND DISTRICT SMOKE ABATEMENT
COMMITTEE.

SOUTH WEST YORKSHIRE JOINT BOARD FOR THE MENTALLY
DEFICIENT.

HEALTH OFFICERS OF THE LOCAL AUTHORITY.

These are as under :—

PUBLIC HEALTH DEPARTMENT (under Public Health Committee).

WILLIAM BARR, M.D., D.Sc., D.P.H.	Medical Officer of Health.
LANCELOT H. COPPING, M.B., Ch.B.	Assistant Medical Officer of Health, Venereal Diseases Medical Officer, Maternity and Child Welfare Medical Officer and Inspector of Midwives
ALEXANDER T. DOIG, M.B., Ch.B., D.P.H.	Assistant Medical Officer of Health, Tuberculosis Officer, Sanatorium Medical Officer, and Medical Officer, Infectious Diseases Hospital.
THOMAS M. HAUGHIE, M.B., Ch.B., D.P.H. (to 17/1/34)	Assistant Medical Officer, Oakwood Hall Sanatorium.
J. NORMAN HILL, M.B., Ch.B., D.P.H. (from 17/1/34)	do. do.
MARY D. A. BOYD, M.B., Ch.B.	Assistant Medical Officer, Maternity and Child Welfare (part time).
M. RACHAEL POWELL, M.B., Ch.B. (from 26/2/34)	do. do.
JOHN CHISHOLM, F.R.C.S., Ed., M.B., Ch.B.	Obstetric Consultant (part-time).
G. GREEN, M.R.C.V.S.	Veterinary Inspector (part time).
J. EVANS, F.I.C., F.C.S.	Public Analyst (by fees.)
MR. J. E. FULLER (1), (2), (6), (8), (9).	Senior Sanitary Inspector.
MR. W. PEARCE (1), (2), (8), (9).	Assistant Senior Sanitary Inspector and Inspector of Food and Drugs.
MR. T. W. PEARCE (1), (2), (8), (9).	Sanitary Inspector and Inspector of Meat.
MR. W. HORTON (1), (2).	District Sanitary Inspector.
MR. G. C. HARRISON (1).	District Sanitary Inspector.
MR. L. F. LIGHTFOOT (1), (2) (to 14/7/34)	District Sanitary Inspector.
MR. C. REDFERN (1) (from 6/8/34)	District Sanitary Inspector,
MR. N. FROGGATT (1) (from 6/8/34)	Sanitary Inspector (Office)
MR. J. H. HOARE (3).	Smoke Inspector (by arrangement with the Sheffield, Rotherham and District Smoke Abatement Committee).
MR. G. E. WESTBY (1), (8).	Chief Clerk.
MISS J. BARRACLOUGH (1), (10).	Senior Health Visitor.
MISS E. G. CRESSWELL (10), (11), (13).	Assistant Senior Health Visitor.
MISS M. M. RIGBY (1), (10).	Health Visitor.
MISS M. F. SENIOR (10), (11), (14).	Health Visitor and Nurse, Venereal Clinic.
MISS E. HEYES (10).	Health Visitor and Mental Deficiency Visitor.
MRS. M. HEDLEY (4), (10), (11)	Health Visitor
MISS N. DILLON (5), (10), (11) (to 3/11/34)	Health Visitor and Tuberculosis Visitor.
MISS A. COATES (5), (10), (11) (from 13/11/34)	Health Visitor and Tuberculosis Visitor,
MISS C. BARRACLOUGH (10), (11), (13), (15).	Matron, Isolation Hospital.
MISS A. SMEETON (11), (12).	Matron, Oakwood Hall Sanatorium.
MRS. EYRE.	Certificated Teacher, Oakwood Hall Sanatorium.
MISS A. E. BUFFHAM (10), (11).	Matron, Ferham House Maternity Home.
MR. R. LEEMAN.	Disinfecter.
MR. F. JESSOP.	Venereal Diseases Orderly.
MRS. F. A. MONKS (11)	Venereal Diseases Nurse (part time).
Detective Inspector F. SHORE (to 31/12/34)	Inspector of Common Lodging Houses (part time)

MISS N. BROOKES.
Public Health Department.
Maternity and Child Welfare Section.
Qualifications.

Visitor of Blind Persons.
Five Clerks.
Two Clerks.

- (1) Certificate, Royal Sanitary Institute (Sanitary Inspector).
- (2) Do. do. (Meat and other Foods).
- (3) Do. do. (Smoke Inspector).
- (4) Do. do. (Health Visitor).
- (5) Health Visitors Exam. under Ministry of Health Regulations.
- (6) Certificate, San. Insp. Assoc. Exam. Bd. (Sanitary Inspector).
- (7) Diploma, Board of Education, Health Visitors.
- (8) Certificate, Board of Education, Building Construction.
- (9) Certificate, City and Guilds Institute, Plumbing.
- (10) Certificate, Central Midwives Board.
- (11) General Trained Nurse.
- (12) Certificate, Tuberculosis Association.
- (13) Fever Trained Nurse.
- (14) Certificate, Gynæcological Training.
- (15) Housekeeping and Laundry Diploma.

PUBLIC VACCINATION.

T. V. GRIFFITH, M.B., Ch.B., B.A.O.

Public Vaccinator, Alma Road Hospital.

D. N. RYALLS, L.M.S.S.A. (to 31/12/34)

Public Vaccinator, North-West Rotherham.

H. R. ELLIOTT, M.R.C.S., L.R.C.P.

Public Vaccinator, South-East Rotherham.

MR. F. S. BUTCHER.

Vaccination Officer, South-East Rotherham.

MR. T. J. VOSS (died 25/5/34)

Vaccination Officer, North-West Rotherham.

MR. W. G. BENNETT (25/5/34-30/9/34)

Temporary Vaccination Officer, N.W. Rother'm.

MR. T. H. HARRISON (from 1/10/34)

Temporary Vaccination Officer, N.W. Rother'm.

SCHOOL MEDICAL DEPARTMENT (under Education Authority).

A. C. TURNER, M.D., D.P.H.

School Medical Officer.

ELSA F. BROWN, M.B., Ch.B.

Assistant School Medical Officer (part-time).

M. RACHAEL POWELL, M.B., Ch.B.

Assistant School Medical Officer (part-time).

MARJORIE RUSHBROOKE, M.B., B.S.

Assistant School Medical Officer (part-time).

(temporary to 25/7/1934)

H. CECIL SNELL, M.A., M.B., B.Ch.,

Ophthalmic Surgeon (part-time).

M.R.C.S., L.R.C.P.

H. L. CROCKETT, M.B., Ch.B.

Orthopaedic Surgeon (part-time).

H. R. HEALD, L.D.S., R.C.S.Eng.

Dental Surgeon.

J. M. FRASER, L.D.S. (from 4/4/34)

Dental Surgeon.

MISS H. WHEATCROFT.

School Nurse.

MISS C. CROFTON.

School Nurse.

MISS G. CAVE.

School Nurse.

MISS N. MULLARKEY.

School Nurse.

MISS A. R. McWHINNEY (to 31/10/34)

School Nurse.

MISS A. C. HAMPTON.

Orthopaedic Nurse and Masseuse.

School Medical Department.

Five Clerks.

PUBLIC ASSISTANCE MEDICAL DEPARTMENT (under Public Assistance Com.).

T. V. GRIFFITH, M.B., Ch.B., B.A.O.

Superintendent Medical Officer, Alma Rd. Hosp.

M. H. McLAREN, M.B., Ch.B. (to 29/10/34)

Assistant Medical Officer, Alma Road Hospital.

C B. AINSWORTH, M.B., Ch.B., B.Sc. (from 17/12/34)

Assistant Medical Officer, Alma Road Hospital.

D. N. RYALLS, L.M.S.S.A.

District Medical Officer, North-West Rotherham.

W. CRERAR, M.B., Ch.B.

District Medical Officer, South-East Rotherham.

H. M. MILLS, M.B., Ch.B.

District Medical Officer, Thorpe and Scholes.

MISS E. C. DAVIES.

Superintendent Nurse, Alma Road Hospital

Public Health Department,

Town Hall,

Rotherham.

To the Chairman—Alderman F. Harper—and Members of the Public Health
Committee.

I herewith submit my annual report on the public health circumstances of
the County Borough of Rotherham for the year 1934.

The contents have been compiled in compliance with Circular 1417 of the
Ministry of Health, dated 25th October, 1934, and the report is an ordinary, not
a survey report.

WILLIAM BARR,

Medical Officer of Health.

SECTION I.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

GENERAL STATISTICS.

Area (in acres)	...	...	...	...	...	...	...	5,893
Population (census) 1931	...	...	...	...	...	...	...	69,691
Population (estimated) 1934	...	...	...	...	...	...	...	68,900
Number of inhabited houses 1934	...	...	...	...	...	...	...	17,252
Rateable value (1/4/1935)	...	...	...	...	...	...	...	£363,685
Sum represented by a penny rate (1/4/1935)	...	...	...	...	...	...	...	£1,395

VITAL STATISTICS.

In the following summary extracts from the vital statistics for the year are given :—

Live births.	Total.	Male.	Female.	
Legitimate	... 1144	588	586	} Birth rate per 1,000 of the estimated resident population ... 17.30
Illegitimate	... 48	20	28	
Stillbirths	... 43	24	19	Rate per 1,000 (live and still) births ... 0.62
Deaths	... 716	389	327	Crude death rate per 1,000 of the estimated resident population... 10.30
				Adjusted death rate per 1000 of the estimated resident population (Comparability figure)... 11.84

Deaths from puerperal causes—

	Deaths.	Rate per 1,000 total (live and still) births.
Puerperal sepsis	... 3	2.43
Other puerperal causes	... 6	4.86
	—	—
Total	... 9	7.29
	==	==

Death rate of infants under one year of age—

All infants per 1,000 live births	... 49
Legitimate infants per 1,000 legitimate live births	... 50
Illegitimate infants per 1,000 illegitimate live births	... 21
Deaths from measles (all ages)	... 2
Deaths from whooping cough (all ages)	... 1
Deaths from diarrhoea (under 2 years of age)	... 4

COMPARABILITY OF CRUDE DEATH RATES.

The Registrar General has this year supplied, in addition to the usual statistics, a comparability factor which when multiplied by the crude death rate in the area adjusts the rate so as to be comparable with the crude death rate for the country as a whole or with the similarly adjusted death rate for any other area.

By means of this factor which has been based on the eleven sex-age groups of the 1931 Census and the average mortality rates experienced in England and Wales during the three years 1930/32 of those age groups, it is now possible to get over the population handicap of dissimilar proportion of their sex and age group components, for it must be remembered (and has been too easily forgot in the past when comparing one's low death rate with that of seaside and health resorts) that populations are not similarly constituted.

The comparability factor for Rotherham of 1.15 indicates a relatively youthful population, which for the year 1934 adjusts by multiplication the crude death rate of 10.3 to a figure for comparative purposes of 11.8. This figure is exactly the same as the crude death rate for England and Wales.

The following table gives the death rates referred to in the foregoing paragraph during the period 1931-1934 :—

Year.	England and Wales.	Rotherham.	
	Crude death rate.	Crude death rate.	Adjusted death rate.
1931	12.3	12.0	13.8
1932	12.0	11.1	12.8
1933	12.3	12.1	13.9
1934	11.8	10.3	11.8

The above method of adjusted death rates should not be confused with standardised death rates which are used by the Registrar General in his Annual Reviews. The application to the crude death rate of the comparability factor produces a figure which is directly comparable with the contemporaneous crude death rate for the country as a whole and not with the standardised national rate based upon the 1901 population. To obtain the local standardised death rate, based upon the 1901 standard, the adjusted death rate must be multiplied by 0.82, or by multiplying the crude death rate directly by 0.943 for the year in question.

In the tables which follow are given the detailed vital statistics of the County Borough.

Other tables of a more specific nature are incorporated in the later sections of this report dealing with infectious diseases generally, tuberculosis, venereal diseases, maternity and child welfare, mental deficiency, and blind persons.

In the following table the cause of death at different periods of life, as supplied by the Registrar General, are given for the year 1934. The inclusion of this is considered desirable by the Ministry of Health for the purpose of comparison with the figures for other areas, and relates to deaths **registered** in the calendar year, which totalled 716.

The remainder of the figures relating to deaths in other tables of this report are those of the actual deaths which **occurred** during the year, totalling 710 and have been compiled locally.

CAUSES OF DEATH					Sex	All ages	0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	...	...	...	...	M.	389	32	4	8	8	10	21	22	52	66	96	70
					F.	327	26	3	8	7	9	21	20	37	47	75	74
1 Typhoid and paratyphoid fevers	...	...	...	...	M.	-	-	-	-	-	-	-	-	-	-	-	-
					F.	-	-	-	-	-	-	-	-	-	-	-	-
2 Measles	...	...	...	...	M.	-	-	-	-	-	-	-	-	-	-	-	-
					F.	2	1	1	-	-	-	-	-	-	-	-	-
3 Scarlet fever	...	...	...	...	M.	-	-	-	-	-	-	-	-	-	-	-	-
					F.	1	-	-	1	-	-	-	-	-	-	-	-
4 Whooping cough	...	...	...	...	M.	-	-	-	-	-	-	-	-	-	-	-	-
					F.	1	1	-	-	-	-	-	-	-	-	-	-
5 Diphtheria	...	...	...	...	M.	-	-	-	-	-	-	-	-	-	-	-	-
					F.	3	-	-	1	2	-	-	-	-	-	-	-
6 Influenza	...	...	...	...	M.	5	-	-	-	-	-	-	-	2	1	2	-
					F.	2	-	-	-	-	-	-	-	-	1	-	1
7 Encephalitis lethargica	...	...	...	...	M.	1	-	-	-	-	-	-	-	-	1	-	-
					F.	-	-	-	-	-	-	-	-	-	-	-	-
8 Cerebro-spinal fever	...	...	...	...	M.	-	-	-	-	-	-	-	-	-	-	-	-
					F.	-	-	-	-	-	-	-	-	-	-	-	-
9 Tuberculosis of respiratory system	...	...	...	...	M.	18	-	-	-	-	1	6	-	8	2	1	-
					F.	15	-	-	1	1	1	4	6	1	1	-	-
10 Other tuberculous diseases	...	...	...	...	M.	5	1	-	1	-	1	2	-	-	-	-	-
					F.	3	1	-	-	1	-	-	-	-	-	1	-
11 Syphilis	...	...	...	...	M.	4	-	-	-	-	-	-	1	2	1	-	-
					F.	1	-	-	-	-	-	-	-	1	-	-	-
12 General paralysis of the insane, tabes dorsalis	...	...	...	...	M.	3	-	-	-	-	-	-	-	2	-	-	1
					F.	1	-	-	-	-	-	-	-	1	-	-	-
13 Cancer, malignant disease	...	...	...	...	M.	40	-	-	-	-	-	1	3	9	14	11	2
					F.	42	-	-	-	-	-	1	2	15	7	10	7
14 Diabetes	...	...	...	...	M.	3	-	-	-	-	-	-	-	-	1	1	1
					F.	11	-	-	-	-	1	-	1	1	4	2	2
15 Cerebral haemorrhage	...	...	...	...	M.	18	-	-	-	-	-	-	-	-	6	4	8
					F.	15	-	-	-	-	-	-	2	1	2	7	3
16 Heart disease	...	...	...	...	M.	80	-	-	-	1	1	1	6	9	16	33	13
					F.	78	-	-	-	1	3	3	2	5	10	29	25
17 Aneurysm	...	...	...	...	M.	-	-	-	-	-	-	-	-	-	-	-	-
					F.	-	-	-	-	-	-	-	-	-	-	-	-
18 Other circulatory diseases	...	...	...	...	M.	29	-	-	-	-	-	-	-	-	4	11	14
					F.	12	-	-	-	-	-	-	-	1	5	4	2
19 Bronchitis	...	...	...	...	M.	22	1	-	-	-	-	-	-	1	4	7	9
					F.	12	1	-	-	-	-	-	-	-	1	6	4
20 Pneumonia (all forms)	...	...	...	...	M.	37	6	2	3	-	1	4	5	9	2	2	3
					F.	18	4	2	3	-	-	3	-	1	2	1	2
21 Other respiratory diseases	...	...	...	...	M.	6	-	-	1	-	-	1	1	-	2	1	-
					F.	-	-	-	-	-	-	-	-	-	-	-	-
22 Peptic ulcer	...	...	...	...	M.	-	-	-	-	-	-	-	-	-	-	-	-
					F.	2	-	-	-	-	-	-	-	1	1	-	-

Table showing ages and causes of death for the year 1934—Continued.

[illegible]

In the following table the vital statistics of the Borough in relation to the months of the year are given :—

				Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total 1934
Rainfall—No. of wet days				14	5	22	14	11	10	12	14	14	22	10	23	171
Inches of rain				1.56	0.90	2.28	2.38	1.04	0.92	1.60	0.78	1.83	1.66	1.92	3.59	20.46
Maximum daily fall—day				13th	27th	14th	27th	16th	14th 21st	13th	5th	13th	4th 30th	9th	4th	—
Maximum daily fall—inches				0.42	0.78	0.31	0.53	0.23	0.21	0.76	0.22	0.54	0.28	0.78	0.61	—
Births— Legitimate				118	107	97	94	100	97	93	91	89	102	74	82	1144
Illegitimate				2	6	2	3	5	5	6	8	3	1	2	5	48
Total				120	113	99	97	105	102	99	99	92	103	76	87	1192
Birth rate				20.90	19.68	17.24	16.90	18.29	17.76	17.24	17.24	16.03	17.94	13.23	15.16	17.30
Deaths— Gross				99	77	104	89	75	58	61	58	63	68	80	86	918
Outward transfers				21	15	28	25	20	15	15	18	23	23	32	31	266
Inward transfers				7	5	1	7	8	5	2	4	3	8	4	4	58
Nett				85	67	77	71	63	48	48	44	43	53	52	59	710
Death rate (crude)				14.80	11.67	13.42	12.37	10.97	8.36	8.36	7.66	7.49	9.23	9.06	10.28	10.30
Nett deaths under 1 year of age				8	2	10	9	4	5	2	3	4	3	8	—	58
Infantile mortality rate per 1000 b'ths				66	18	101	92	38	49	20	30	43	29	104	—	49
CASES OF INFECTIOUS DISEASE REPORTED	Small-pox			—	—	—	—	—	—	—	—	—	—	—	—	—
	Diphtheria			12	4	5	6	2	7	7	7	11	7	10	13	91
	Scarlet fever			30	27	31	24	29	32	26	27	38	55	34	54	407
	Typhoid and paratyphoid fevers			—	—	—	—	—	—	—	—	—	—	—	—	—
	Erysipelas			8	6	4	5	7	4	1	1	3	5	7	6	57
	Pneumonia			7	11	11	16	10	8	13	8	11	5	5	12	117
	Chicken-pox			83	92	114	55	50	43	37	25	9	22	21	31	582
	Encephalitis lethargica			—	—	—	—	—	—	—	—	—	—	—	—	—
	Cerebro-spinal fever			—	—	1	—	—	—	1	—	—	—	—	—	2
	Acute polio-myelitis			—	—	—	—	—	—	—	—	—	—	—	—	—
	Malaria			—	—	—	—	—	—	—	—	—	—	—	—	—
	Measles			5	3	2	6	1	43	348	434	205	298	187	121	1653
	German measles			4	2	3	1	1	—	1	—	1	1	—	—	14
	Puerperal fever			—	—	—	2	1	—	—	—	—	—	—	—	3
	Puerperal pyrexia			—	1	1	1	—	—	—	—	2	1	1	4	11
	Ophthalmia neonatorum			2	—	—	—	—	1	—	—	—	—	—	—	3
	Pemphigus neonatorum			—	—	—	—	—	—	—	—	—	—	—	—	—
	Pulmonary tuberculosis— Males			3	2	6	11	3	9	4	2	5	5	1	3	54
	Females			2	3	2	4	3	3	1	2	2	—	3	5	30
	Other forms of tub'culosis— Males			—	2	2	—	2	1	2	1	1	—	—	2	13
	Females			—	1	2	1	2	1	—	—	2	—	2	3	14
DEATHS	Small-pox			—	—	—	—	—	—	—	—	—	—	—	—	—
	Measles			—	—	—	—	—	—	—	1	1	—	—	—	2
	Scarlet fever			—	—	—	—	—	—	—	1	—	—	—	—	1
	Whooping cough			—	—	—	—	—	—	—	—	1	—	—	—	1
	Diphtheria			—	—	1	—	—	1	—	—	1	—	—	—	3
	Typhoid fever			—	—	—	—	—	—	—	—	—	—	—	—	—
	Erysipelas			1	1	1	—	—	—	—	—	—	—	—	—	3
	Influenza			1	1	2	—	—	—	—	—	—	—	2	1	7
	Diarrhoea & enteritis (under 2 yrs)			—	—	—	1	—	2	—	—	—	—	1	—	4
	Tuberculosis— respiratory			3	5	5	6	3	4	1	1	2	1	2	2	35
	,, other forms			1	1	—	1	1	1	2	—	—	—	—	—	7
	Bronchitis			4	4	5	1	3	1	2	1	—	5	1	6	33
	Pneumonia			6	8	4	12	4	2	3	2	3	2	5	8	59
	Malignant disease			11	6	5	2	6	7	5	8	6	11	5	8	80
	Diseases of the heart			17	12	22	15	11	11	10	6	9	10	12	9	144
	Nephritis and Bright's disease			3	2	—	2	1	1	2	2	—	1	1	2	17

In the subsequent table the vital statistics of the Borough in relation to the various wards are shown :—

					East Ward	St. Ann's Ward	Clifton Ward	South Ward	West Ward	North Ward	Thorn- hill Ward	Mas- bro' Ward	Kimber- worth Ward	Total 1934
Estimated population					13300	8100	9600	5600	4100	7200	6000	6400	8600	68900
Number of houses					3351	2014	2409	1410	1036	1801	1494	1615	2179	17309
Acreage					472.016	121.500	519.228	430.500	563.000	300.000	197.300	411.300	2878.961	5893.805
Density of houses per acre					6.89	16.58	4.64	3.27	1.84	6.00	7.55	3.30	0.76	2.94
Density of population per acre					27.43	66.00	18.47	13.04	7.32	23.90	30.14	15.63	3.01	1.17
Births—	Legitimate				198	162	156	58	99	112	119	116	124	1144
	Illegitimate				9	9	3	2	9	5	3	5	3	48
	Total				207	171	159	60	108	117	122	121	127	1192
	Birth rate				15.56	21.10	16.56	10.72	26.34	16.56	20.33	18.91	14.77	17.30
Deaths—	Gross				92	83	140	62	238	76	61	82	84	918
	Outward transfers				2	—	66	2	193	—	—	—	3	266
	Inward transfers				7	8	5	2	4	8	9	3	12	58
	Nett				97	71	79	62	49	84	70	85	93	710
Death rate (crude)					7.29	8.77	8.23	11.33	11.95	11.67	11.66	13.28	10.81	10.30
Nett deaths under 1 year of age					3	13	5	3	2	9	6	7	10	58
Infantile mortality rate per 1000 births					14	76	31	50	19	77	48	58	79	49
CASES OF INFECTIOUS DISEASE REPORTED	Small-pox				—	—	—	—	—	—	—	—	—	—
	Diphtheria				9	12	10	3	9	7	12	13	16	91
	Scarlet fever				108	40	39	12	8	40	54	32	74	407
	Typhoid and paratyphoid fevers				—	—	—	—	—	—	—	—	—	—
	Erysipelas				13	6	7	—	7	5	2	11	6	57
	Pneumonia				17	5	6	4	18	23	6	20	18	117
	Chicken-pox				105	54	74	32	58	35	69	89	66	582
	Encephalitis lethargica				—	—	—	—	—	—	—	—	—	—
	Cerebro-spinal fever				—	1	—	—	—	—	—	—	1	2
	Acute polio-myelitis... ..				—	—	—	—	—	—	—	—	—	—
	Malaria				—	—	—	—	—	—	—	—	—	—
	Measles				373	223	225	81	128	157	166	212	88	1653
	German measles				5	1	3	2	1	—	1	1	—	14
	Puerperal fever				—	1	—	—	1	—	1	—	—	3
	Puerperal pyrexia				3	—	—	—	1	3	3	—	1	11
	Ophthalmia neonatorum				—	—	1	—	1	—	—	—	1	3
	Pemphigus neonatorum				—	—	—	—	—	—	—	—	—	—
	Pulmonary tuberculosis— Males				7	10	5	3	10	3	3	6	7	54
	Females				5	9	1	2	4	—	1	4	4	30
	Other forms of tuberculosis— Males				3	—	—	1	2	2	—	—	5	13
	Females				1	3	3	—	2	1	3	1	—	14
DEATHS	Small-pox				—	—	—	—	—	—	—	—	—	—
	Measles				—	—	—	—	—	1	1	—	—	2
	Scarlet fever				—	—	—	—	—	—	—	1	—	1
	Whooping cough				—	1	—	—	—	—	—	—	—	1
	Diphtheria				1	—	—	—	—	1	—	1	—	3
	Typhoid fever				—	—	—	—	—	—	—	—	—	—
	Erysipelas				—	2	—	—	—	—	—	—	1	3
	Influenza				1	1	—	1	—	1	—	2	1	7
	Diarrhœa and enteritis (under 2 yrs)				—	2	—	—	—	—	—	1	1	4
	Tuberculosis—respiratory				3	5	4	—	2	4	8	5	4	35
	other forms				1	—	—	—	—	1	3	—	2	7
	Bronchitis				4	4	2	2	5	5	2	5	4	33
	Pneumonia				7	8	6	5	5	9	4	7	8	59
	Malignant disease				8	13	14	7	4	8	8	10	8	80
	Diseases of the heart				23	17	13	15	9	11	13	22	21	144
	Nephritis and Bright's disease				6	1	3	1	—	4	—	—	2	17

The following table shows the birth-rate, death-rate, and analysis of mortality, during the year 1934, compared with England and Wales as a whole and various other areas.

(The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only.)

	RATE PER 1,000 TOTAL POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.					
	Live births.	Still births.	All causes.	Enteric fever.	Small-pox.	Measles.	Scarlet fever.	Whooping cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and enteritis under two years.	Total deaths under one year.	Certified by registered medical practitioners.	Inquest cases.	Certified by Coroner after P.M.	No inquest.	Uncertified causes of death.
England and Wales...	14.8	0.62	11.8	0.00	0.00	0.09	0.02	0.05	0.10	0.14	0.54	5.5	59	90.4	6.5	2.1		1.0
121 County Boroughs and Great Towns, including London.	14.7	0.66	11.8	0.00	0.00	0.12	0.02	0.06	0.11	0.12	0.47	7.4	63	90.5	6.1	2.9		0.5
135 Smaller Towns (estimated resident populations 25,000 to 50,000 at Census 1931)	15.0	0.67	11.3	0.00	0.00	0.07	0.02	0.04	0.09	0.14	0.42	3.6	53	91.2	6.1	1.6		1.1
London ...	13.2	0.50	11.9	0.00	0.00	0.20	0.02	0.07	0.11	0.12	0.56	12.6	67	87.7	6.3	6.0		0.0
Rotherham ...	17.3	0.62	11.8*	0.00	0.00	0.03	0.01	0.01	0.04	0.10	0.70	3.4	49	88.7	7.6	2.0		1.7

* Adjusted death rate.

The maternal mortality rates for England and Wales are as follow : { per 1,000 live births ... 2.03 4.60

The maternal mortality rates for Rotherham are as follow : { " total births ... 1.95 4.41

The birth-rate, death-rate, and analysis of mortality during the years 1930-1934 for Rotherham alone are summarised herewith :—

YEAR.	RATE PER 1,000 POPULATION.										RATE PER 1,000 BIRTHS.				
	BIRTH RATE.	DEATH RATE (crude)	Small-pox.	Enteric fever.	Diphtheria.	Scarlet fever.	Measles.	Whooping cough.	Pulmonary tuberculosis.	Other forms of tuberculosis.	Diarrhoea and enteritis under two years.	Total deaths under one year.	Deaths under one week.	Deaths under one month.	Maternal deaths
1930	18.72	10.50	—	—	0.14	0.06	0.27	0.01	0.69	0.13	6.0	74	22	39	3.8
1931	18.18	12.03	—	0.01	0.08	—	0.03	0.10	0.60	0.23	6.3	92	26	43	2.3
1932	18.11	11.15	—	—	0.07	—	0.34	0.09	0.72	0.13	3.2	70	26	37	5.5
1933	16.53	12.06	—	—	0.01	—	—	0.07	0.65	0.07	11.3	84	31	44	3.3
1934	17.30	10.30	—	—	0.04	0.01	0.03	0.01	0.51	0.10	3.4	49	22	30	7.3
Average ...	17.77	11.21	—	0.002	0.07	0.01	0.13	0.06	0.63	0.13	6.0	74	25	39	4.4

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

PROFESSIONAL NURSING IN THE HOME.

There is no scheme provided by the Local Authority for professional nursing in the home of either (a) general cases or (b) infectious cases.

A grant, however, of £50 a year is made by the Corporation to the Rotherham District Nursing Association. Advice of a general or special nature is also available in the case of certain infectious diseases, such as measles or pneumonia, in the course of the routine visits of the health visitors.

MIDWIVES.

During 1934, 37 midwives notified their intention to practice in the County Borough under Section 10 of the Midwives Act, 1902. Of these, 20 were midwives in independent practice on the district, 14 were attached to the staff of the Alma Road Public Assistance Hospital and 3 were in practice at the Ferham House Municipal Maternity Home.

Three midwives, who, by the approval of the Central Midwives Board, undertake the training of pupils from the Municipal Maternity Home and the Alma Road Hospital, are paid by the Local Authority at the rate of 7/6 per case.

NATIONAL HEALTH INSURANCE.

Apart from the fact that Insurance medical practitioners are required, under their terms of service, to furnish certain reports to the Tuberculosis Officer in connection with the treatment of tuberculosis, and, further, that the Borough Council appoint one-fifth of the members of the Insurance Committee, there are no other points in which the work of the Local Authority is administered in co-operation with the National Health Insurance service.

LABORATORY FACILITIES.

Laboratory arrangements for the examination of clinical materials are provided by the Corporation at the laboratory attached to the Public Health Department, Town Hall, Rotherham, and the work is performed by the Medical Officer of Health and his assistants.

Particulars of the examinations during the year 1934 are given in Section VI. of this report.

Bacteriological work of a more detailed character, such as biological tests, virulence tests, Wasserman re-actions, blood cultures, etc., are sent to Sheffield University.

Chemical investigations are carried out by the Public Analyst on behalf of the Local Authority, the Senior Sanitary Inspector and the Assistant Senior Sanitary Inspector being the authorised inspectors under the Acts.

In Section V. of this report details are given of samples taken, summonses issued, convictions obtained, and the amounts of the penalties received.

LEGISLATION IN FORCE.

The local Acts, general adoptive Acts, special local Regulations, and Bye-laws relating to the public health, in force in the area, are as follow :—

LOCAL ACTS.

The First Public Health Supplement Act, 1852.
 Rotherham and Kimberworth Local Board of Health Act, 1863.
 Rotherham and Kimberworth Local Board of Health Act, 1870.
 Rotherham Borough Extension and Sewerage Act, 1879.
 Rotherham Corporation Act, 1904.
 Rotherham Corporation Act, 1911.
 Rotherham Corporation Act, 1915.
 Rotherham Corporation Act, 1921.
 Rotherham Corporation Act, 1924.
 Rotherham Corporation Act, 1928.
 Rotherham Corporation Act, 1930.

GENERAL ADOPTIVE ACTS.

The Infectious Diseases (Prevention) Act, 1890.
 The Public Health Acts (Amendment) Act, 1890.
 The Notification of Births Act, 1907.

Sections of the Public Health Acts (Amendment) Act, 1907 in force as follow :—

- Part 2. (Streets and Buildings) Sections 16, 19, 22, 23, 24, 25, 32, and 33.
- Part 3. (Sanitary Provisions) Sections 34, 36, 43, 48, 49, 50, and 51.
- Part 4. (Infectious Diseases) Sections 52, 55, 56, 63, and 64.
- Part 5. (Common Lodging Houses) Sections 69, 70, 71, 72, 73, 74, and 75.
- Part 7. (Police) Section 78 (Regulations as to Street Traffic) Sections 79, 80, 85, and 86.
- Part 8. (Fire Brigade) Sections 87, 88, 89, and 90.
- Part 10. (Miscellaneous) Section 93.

Public Health Act, 1925, Sections 14, 15, 16, 20, 21, 24, 26, 29, 30, 31, 32, 35, 37, 45, 51, and 55

SPECIAL LOCAL REGULATIONS.

Measles and German Measles, 1920.

BYE-LAWS.

Nuisances, the Keeping of Animals, and the Cleansing of Footways and Pavements, 1893
 Common Lodging Houses, 1893.
 Locomotives on Highways, 1901.
 Houses Let in Lodgings, 1920.
 Offensive Trades, 1922.
 Pleasure Fairs, 1922.
 Tents, Vans, Sheds, and similar structures used for human habitation, 1923.
 New Streets and Buildings, 1925.
 Drainage of Existing Buildings, 1926.
 Nursing Homes, 1928.
 Deposit of Litter, 1932.
 Slaughterhouses, 1934.
 Public Slaughterhouses, 1934.

The new local legislation put into force during the year 1934 were the byelaws relating to Slaughterhouses and to the Public Slaughterhouse.

HOSPITALS.

The summary of hospital accommodation as outlined in the report for 1931 remains unchanged except for the increased accommodation at the St. Catherine's Certified Institution under the South-West Yorkshire Joint Board for Mental Defectives where the accommodation has been increased to 300 beds of which Rotherham's proportion is 40 beds, and 10 more beds have been provided at the Alma Road Hospital.

The following table gives details with regard to the hospitals under the control of the Local Authority concerning the classification of the medical and nursing staffs on 31st December, 1934, and the employment of consultants.

Name.	Medical staff.	Nursing staff.	Consultants.
Oakwood Hall Sanatorium	2 1 part time	Matron ... 1 Sisters ... 5 Nurses ... 15	Orthopaedic Surgeon when required.
Isolation Hospital	1 part time	Matron ... 1 Sister ... 1 Nurses ... 12	Surgeon when required
Ferham House Maternity Home	1 part time	Matron ... 1 Sisters ... 2 Nurses ... 4	Obstetric Surgeon employed
Kimberworth Hospital	1 part time	Staffed from Isolation Hospital when required	
Alma Road Hospital	3	Matron ... 1 Sisters ... 12 Nurses ... 67 Male Nurses 4	1 Consultant Surgeon. 1 Consultant Physician. 1 Consultant Ophthalmic Surgeon. 2 Consultants-Nervous Diseases (part time). 1 Anaesthetist (part time)

In the following table is specified the bed accommodation of the various hospitals in the Borough relating to defined grouping of case material.

	General Hospital.	Alma Road Hospital.	Oakwood Hall Sanatorium	Isolation Hospital.	Ferham House Maternity Home.	Kimber- worth Hospital.
Medical	36	122	—	—	—	—
Surgical	72	51	—	—	—	—
Children	22	36	—	—	—	—
Chronic sick	—	43	—	—	—	—
Venereal	—	2	—	—	2	—
Tuberculosis	—	14	100	—	—	—
Isolation	—	11	—	64	—	12
Maternity	—	35	—	—	10	—
Mental and mental defectives	—	46	—	—	—	—

It should be noted that the three hospitals, the General, Alma Road, and Oakwood, are not utilised solely by the County Borough. The General Hospital is available for the whole of the surrounding area, the proportion of the Borough patients to the whole treated being in the neighbourhood of 75 per cent. Alma Road Hospital serves the areas of the Rotherham County Borough and the Rother Valley Public Assistance Committees, with a population of approximately 189,183. Oakwood Hall Sanatorium, with its 100 beds, has 30 definitely allocated to the West Riding County Council by agreement.

ALMA ROAD HOSPITAL.

The following extracts from Form Hosp. 6 of the Ministry of Health give details of the institutional treatment of the sick in Alma Road Hospital, Rotherham. This institution is maintained as a hospital under the Poor Law Act.

The total number of beds available for sick, maternity, and mental cases is as follows :—

For men	132	} excluding cots in maternity wards.
For women	...	...	...	175
For children under 16 years	...	...	...	53
Total	...	...	...	360

The following table shows the classification of the accommodation for the sick and the number of beds occupied on 31st December, 1934.

Classification of wards.	Number of wards.	BEDS							
		MEN		WOMEN		CHILDREN (under 16 years of age)		Total.	
		Pro- vided	Occu- pied	Pro- vided	Occu- pied	Pro- vided	Occu- pied	Pro- vided	Occu- pied
1 Medical	6	51	43	71	60	—	—	122	103
2 Surgical	3	27	21	16	14	8	7	51	42
3 Children (med.)	3	—	—	—	—	36	20	36	20
4 Chronic sick	4	16	16	27	27	—	—	43	43
5 Venereal	1	2	—	—	—	—	—	2	—
6 Tuberculosis	2	10	6	4	3	—	—	14	9
7 Isolation	2	3	1	3	—	5	1	11	2
8 Maternity	2	—	—	35	13	—	—	35	13
9 Mental	2	23	20	19	19	—	—	42	39
(a) Short stay	—	—	—	—	—	—	—	—	—
(b) Long stay	—	—	—	—	—	—	—	—	—
10 Mental defectives	1	—	—	—	—	4	3	4	3
11 Maternity Cots	2	—	—	—	—	20	6	20	6
Total	28	132	107	175	136	73	37	380	280

The following gives the statistics of in-patients relating to the year 1934.

DISEASE GROUPS	Children (under 16 years of age).		Men and women.	
	Dis- charged	Died	Dis- charged	Died
Acute infectious disease	6	—	2	1
Influenza	—	—	4	—
Tuberculosis—				
(1) Pulmonary	1	3	29	15
(2) Non-pulmonary	7	1	11	3
Malignant disease	3	—	32	41
Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	30	—	32	3
(2) Non-articular manifestations of so-called “rheum- atism” (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	16	—
(3) Chronic arthritis	1	—	5	—
Venereal disease	—	—	15	5
Puerperal pyrexia	—	—	—	—
Puerperal fever (a) Women confined in the hospital	—	—	—	1
(b) Admitted from outside	—	—	2	—
Other diseases and accidents connected with child bearing	—	—	259	10
Mental diseases (a) Senile dementia	—	—	8	19
(b) Other	3	—	56	3
Senile decay	—	—	33	34
Accidental injury and violence	59	3	119	14
<i>In respect of cases not included above :</i>				
Disease of the nervous system and sense organs ...	42	8	195	11
Disease of the respiratory system	126	9	155	56
„ „ circulatory „	—	1	99	78
„ „ digestive „	113	6	317	12
„ „ genito-urinary „	32	1	53	19
„ „ skin	41	—	47	2
Other diseases	36	1	74	4
Mothers and infants discharged from maternity wards and not included in above figures. Mothers	—	—	283	2
Infants	257	18	—	—
TOTALS ...	757	51	1846	333

MATERNITY AND NURSING HOMES.

Two maternity homes in the Borough are registered under the provisions of the Nursing Homes Registration Act, 1927, one as a maternity home only and the other as a nursing and maternity home. No new applications were received for registration, nor any orders made during the year refusing or cancelling such, and no applications for exemption from registration were applied for. The homes have been inspected by the Maternity and Child Welfare Medical Officer, and no action has been necessary during the year.

MATERNAL MORTALITY.

During the year investigations have been made into all maternal deaths occurring in the Borough, and the results of each enquiry have been forwarded to the Maternal Mortality Committee, or in the case of extra urban deaths, to the responsible authority for the area in which the case was normally resident, for transmission to that Committee.

All cases of puerperal fever and puerperal pyrexia are enquired into by the Medical Officer for Maternity and Child Welfare, and particulars of these enquiries will be found in Section IX. of this report.

In the above section also will be found the report upon the midwives practising in the borough during the year, together with comments upon the administrative action taken.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

There have been no changes in the arrangements made for the above as enumerated in the report for 1931.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

No institutional accommodation has been provided for the care of mental defectives solely for the use of local cases. Rotherham is, however, one of the constituent authorities of the South-West Yorkshire Joint Board for Mental Defectives, and during the year 1934 two high grade blocks for males over 16 years for a further 120 patients were added, making a total available accommodation at the end of the year of 300 beds.

The present allocation of these beds for Rotherham is 40, 22 male and 18 female and particulars of the occupancy of these beds are given in detail in Section X of this report. In this section also will be found full detailed particulars of the Rotherham cases in institutions, other than that provided by the joint board.

AMBULANCE FACILITIES.

There are two motor ambulances, one specifically used for small-pox, and one for the other infectious diseases requiring removal to the Isolation Hospital.

Accidents, non-infectious cases and maternity cases are dealt with by the Police.

CLINICS AND TREATMENT CENTRES.

The following is a list of the out-patient departments under the control of the Corporation and provided by them, together with the sessional times, and attendances for 1934 :—

	Situation	Sessional time	Attendances 1934
1. CHILD WELFARE			
Ferham House	Kimberworth Road	Tuesday, Friday afternoons	6936
Cranworth Centre	Cranworth Road	Monday, Thursday afternoons	10220
Thorpe Hesley School	Thorpe Hesley	Alternate Wednesday afternoons	432
2. ANTE-NATAL			
Ferham House (Maternity Home cases)	Kimberworth Road	Wednesday afternoons	1145
Ferham House (District cases)	Kimberworth Road	Monday afternoons	662
Alma Road Hospital (Maternity ward cases)	Alma Road	Friday afternoons	1023
3. POST-NATAL			
Ferham House	Kimberworth Road	Monday afternoons	46
4. SCHOOL CHILDREN			
Ferham House	Kimberworth Road	Each morning	17650
Cranworth Centre	Cranworth Road	Each morning	21549
Thorpe Hesley School	Thorpe Hesley	One morning weekly	682
Blackburn School	Blackburn	As required	36
5. ORTHOPAEDIC			
Cranworth Centre	Cranworth Road	One afternoon monthly	178†Ed'n 46 M.C.W.
6. REMEDIAL, ETC.			
Cranworth Centre	Cranworth Road	Four mornings weekly	6146†
7. OPHTHALMIC			
Ferham House	Kimberworth Road	One morning weekly	1133†
Cranworth Centre	Cranworth Road	alternately	
8. DENTAL			
Ferham House	Kimberworth Road	Eight half days weekly	6243†
Cranworth Centre	Cranworth Road	As required	
9. TUBERCULOSIS			
Dispensary	Frederick Street	Monday, Wednesday afternoons	2025
10. VENEREAL DISEASES			
Centre	Frederick Street	Daily	8963
11. LIGHT TREATMENT			
Ferham House	Kimberworth Road	Monday, Wednesday and Friday mornings	2745
12. OUT-PATIENT DEPARTMENT			
Alma Road Hospital	Alma Road	Daily	17490
13. MENTAL CLINIC			
Alma Road Hospital	Alma Road	Wednesday afternoons	
14. BIRTH CONTROL			
Ferham House	Kimberworth Road	Monday afternoons	21

In addition 928 attendances were made at the school baths at Ferham House.

† These attendances are included in those of No. 4.

A special medical session was held at the Cranworth Road centre following the orthopaedic clinic at which 108 attendances were made.

It should be noted that whilst the dental clinic, orthopaedic clinic and remedial exercises clinic are under the Education Authority, children under five years of age can have treatment by arrangement, when referred by the medical officers of the child welfare centres.

During the year 268 were so referred for dental treatment and 35 for orthopaedic.

There are no day nurseries in Rotherham.

Further details of the maternity and child welfare schemes will be found in Section IX. of this report.

LOCAL GOVERNMENT ACT, 1929.

The arrangements made under the above Act were described in my annual report for 1931, and no changes have taken place during the year.

POOR LAW MEDICAL OUT-RELIEF.

No change has taken place in this service during the year.

SECTION III.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

The supplies obtained during 1934 were as follows :—

From Derwent Valley Water Board (via Sheffield), 663,000 gallons per day.

From Langsett (Sheffield Corporation) 1,513,000 gallons per day.

The above includes all water supplied in bulk by Rotherham to Rawmarsh and Greasbrough.

The emergency supply from Ulley reservoir (Rotherham Corporation) has not been called upon during the year.

The service reservoir capacity of the existing works is $4\frac{1}{2}$ million gallons, which is equivalent to 1-4/5th days supply for the Borough and areas supplied in bulk.

The whole of the distribution in the Borough is effected by gravitation, with the following exceptions :—

Langsett water pumped from Boston reservoir to Boston overhead tank to supply high level areas in Moorgate and Broom Road.

Derwent water pumped from Kimberworth reservoir to Keppel's Column reservoir during periods of maximum "draw-off" to supply high level areas in Thorpe Hesley and Scholes.

The general condition of the town mains is being steadily improved both by the renewal of the older pipes by concrete lined pipes of increased capacity and by the continued scraping of mains.

TOWN AREA.

Improvement and extensions to the distribution system in the centre of the town have been executed to ensure an adequate supply to the improved areas, particularly for fire protection purposes.

CHARACTER OF WATER.

Samples of water from the distribution system have been taken at intervals throughout the year and submitted to the Public Analyst for analysis and report. These reports have, in all cases, been completely satisfactory, and the following are typical examples :—

						Langsett water.	Derwent water.
Physical Characters,							
Suspended matter	...	...	...	...	...	Faint trace	None
Appearance of a column 2 ft. long...					...	Clear : Yellow.	Clear : Faintly yellowish.
Taste	...	...	...	...	...	Normal.	Normal.
Odour	...	...	...	...	...	None.	None.

Chemical Examination.						Parts per 100,000	
Total solid matter	...	...	...	...	...	10.0	8.60
Loss on ignition	...	...	...	...	...	2.4	2.00
Chlorine	...	...	...	...	...	1.43	1.29
Equivalent to sodium chloride				...	...	2.36	2.11
Nitrites	...	...	...	...	...	Faint trace	None
Nitrates as nitrogen			...	...	...	0.05	0.05
Poisonous metals (lead, etc.)			...	...	...	None	None
Total hardness	...	...	...	...	...	4.3	3.9
Oxygen absorbed, 4 hours at 80 deg. F.				...	...	0.116	0.090
Ammoniacal nitrogen		...	...	...	...	0.0034	0.0004
Albuminoid nitrogen		...	...	...	...	0.0056	0.0032

Bacteriological Examination.

B. coli. test.

Presumptive coli organisms (MacConkey's salt lactose broth)		Absent in 50 mls.	Absent in 25 mls. Present in 50 mls.
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RIVERS AND STREAMS.

The Supervision of rivers and streams in the County Borough rests with the West Riding Rivers Board.

DRAINAGE AND SEWERAGE.

By means of a high level and also a low level sewer, the sewage of the greater part of Rotherham is conveyed to the Aldwarke Sewage Works on the banks of the River Don. The method of purification is by the bio-aeration process.

The village of Thorpe Hesley has a separate sewerage system and sprinkler filter, and the sewage from Blackburn is treated at the adjacent disposal works of the City of Sheffield.

Cesspools exist in the unsewered parts of the district.

CLOSET ACCOMMODATION.

No privies were converted during the year. The number remaining at the end of 1934 was as follows :—

Within the drainage area	...	...	...	...	19
Outside the drainage area	...	...	...	...	121
					—
					140
					=====

The following is a statement of privies converted or abolished and dry ashpits abolished since 1911 :—

Year	Privies converted or abolished.	Dry ashpits abolished.	Year	Privies converted or abolished.	Dry ashpits abolished.
1911	734	—	1923	11	13
1912	175	—	1924	2	46
1913	63	—	1925	9	37
1914	21	29	1926	9	34
1915	7	32	1927	14	40
1916	—	1	1928	15	24
1917	—	1	1929	5	41
1918	—	1	1930	19	124
1919	8	3	1931	26	220
1920	32	62	1932	7	102
1921	20	83	1933	3	28
1922	13	47	1934	—	9

During the year 9 fixed dry ashpits serving 24 houses were abolished, leaving 36 to be dealt with. Of these, 21 were in use serving 32 houses, 7 were disused, and 8 were used in connection with chapels or institutions.

PUBLIC CLEANSING.

The cleansing of privies and cesspools, and the removal and disposal of house refuse, are undertaken by the Cleansing Department of the Borough Engineer.

Privies in the urban parts of the Borough are emptied every fortnight. Those in the rural parts are emptied every seven weeks, or more frequently as required.

Pail closets, fixed ashpits, and movable bins are emptied weekly. Cesspools are emptied by mechanical emptier as required.

The total amount of refuse collected and disposed of during the year ended 31st March, 1935, amounted to 17,732 tons, and represents 14.24 cwts. per 1,000 population per day.

There have been no alterations in the arrangements for public cleansing as outlined in the report for the year 1932.

In order to facilitate the provision and maintenance of moveable ashbins, power was granted under the Rotherham Corporation Act, 1930, which enables the Corporation to maintain refuse bins on payment of a certain sum per annum for each premises. This power was put into operation as from the 1st April, 1931, and a charge of 1/6 per annum was made. This charge was reduced to 1/- per annum as from 1st April, 1934, for which sum the Corporation maintain and renew bins and provide the initial ashbins when fixed ashpits are abolished. During the year ended 31st March, 1935, 1703 bins were provided or renewed, making a total of 9126 ashbins provided since the commencement of the scheme.

There are 74 miles of roads in the Borough, of which approximately

7½ miles are cleansed daily.

2½ miles are cleansed three times per week.

11½ miles are cleansed twice per week.

52½ miles are cleansed once weekly.

During the year 103,360,000 square yards of streets were cleansed, exclusive of footpaths. The total tonnage of street sweepings collected was 1874 tons.

Also during the year 1109 gullies were emptied by hand and 9052 by the suction gully emptier.

SANITARY INSPECTION OF THE AREA.

The following is a summary of the work done by the sanitary inspectors during the year, together with a statement of the periodic sanitary work performed by the health visitors.

[illegible]

FEMALE STAFF.

Inquiries in respect of various infectious diseases	...	...	...	...	...	...	857
Visits to workshops	...	...	...	...	...	...	12
" " public lavatories	...	...	...	...	...	...	62

In the following summary, details are given of the defects remedied :—

Drains relaid and new drains provided	232
„ repaired, trapped, etc.	26
„ cleansed	175
Soil pipes repaired	3
Water closets rebuilt	37
„ repaired	388
„ provided for dwellinghouses (additional)	298
„ cleansed	17
Trough closets converted to waterclosets	24
Dry ashpits abolished	9
Yards paved or paving repaired	161
Walls pointed or repaired (houses)	299
Boundary walls repaired	56
Stagnant water removed from cellars	5
Cellars drained	1
Chimneys repaired	93
Roofs repaired	175
Eaves gutters and fall pipes repaired	158
Eaves gutters and fallpipes cleansed	49
Fall pipes disconnected from drains	37
Sinks renewed or repaired	108
Sink waste pipes renewed or repaired	51
Water supplies improved, pipes repaired or new services	19
House floors repaired (houses)	137
Defective plaster work repaired (houses)	142
Defective ceilings repaired (houses)	58
Ranges and fireplaces repaired (houses)	143
Washing coppers repaired or renewed	54
Stairs repaired	12
Window defects remedied (houses)	151
Door defects remedied (houses)	106
Handrails provided	16
Coal stores provided	30
Food stores provided	17
Offensive accumulations removed	16
Nuisances from the keeping of animals abated	10
Dangerous structures remedied	3
Outbuildings repaired	25
Outbuildings demolished	3
Yards cleansed	6
Dirty houses cleansed	8
Other matters remedied (unclassified)	70
Nuisances connected with offensive trades remedied	4
Defects connected with factories and workshops remedied	11
Diary farms improved	6

SMOKE ABATEMENT.

Under arrangement between the Councils of the City of Sheffield and the County Borough of Rotherham, all the powers relating to the abatement of nuisance from smoke conferred by the Public Health Act, 1875, and the Public Health (Smoke Abatement) Act, 1926, were translated to the Joint Smoke Abatement Committee in May, 1928. The experience of this committee satisfied them that the area covered by them should be extended, and they invited the Stocksbridge, Rawmarsh, and Greasbrough Urban District Councils, together with the Rotherham and Wortley Rural District Councils, to combine with them. All these Councils, with the exception of Wortley Rural District, accepted the invitation; the Sheffield and Rotherham Smoke Abatement Committee was abolished, and the Sheffield, Rotherham and District Smoke Abatement Committee constituted in its place. The new committee commenced its duties on May 12th, 1930, and the work is continuing in quite a satisfactory manner.

The following shows the list of work done by the department in Rotherham during the past five years :—

	1930	1931	1932	1933	1934
No. of observations on chimneys of one hour each	879	607	733	736	911
„ minutes during which excessive smoke was emitted	2183	1769	2311	2220	2763
Average number of minutes during which smoke was emitted	2.3	2.9	3.1	3.0	3.0
No. of intimations served	44	43	41	61	55
„ works visited	63	63	77	105	116
„ statutory notices served	17	9	6	18	14
„ complaints received and attended to ...	9	4	13	36	25
„ chimneys dismantled	3	1	2	3	4
„ chimneys raised	—	3	2	6	5
„ chimneys erected (new)	6	3	4	2	2
„ prosecutions (an abatement order and costs in each case)	1	1	—	—	—

Rotherham can be considered to be showing the way with regard to the use of gas for both industrial and domestic purposes. The following is a list of conversions carried out during the year :—

Number of new re-heating furnaces for coke oven gas firing	...	2
Number of new annealing furnaces for coke oven gas firing	... ..	6
Number of new heat treatment furnaces for coke oven gas firing	...	2
Number of new central heating boilers for coke oven gas firing	...	2
Number of new bread baking ovens for coke oven gas firing	...	1
Number of new steam raising boilers for coke oven gas firing	...	1

Number of new rotary dryers for stone drying for coke oven gas firing	1
Number of annealing furnaces converted from coal to coke oven gas firing	2
Number of crucible furnaces converted from coke to coke oven gas firing	5
Number of re-heating furnaces converted for mechanical stoking ...	3
Number of steam raising boilers converted for mechanical stoking ...	1
Number of new heat treatment furnaces constructed for coke burning	1
Number of new enamelling furnaces constructed for oil firing ...	1
Number of new tar tanks heated by immersion heaters	2

The two-part tariff system of supplying gas for domestic purposes has continued to increase the use of gas, and over 900 users are now working on this system. About 20 per cent. of these users have their houses fitted for the entire use of gas, and the use of raw coal is discontinued.

This work is very encouraging and shows an earnestness on the part of a number of inhabitants to co-operate with and assist the department in their efforts.

The lectures for stokers and firemen which were commenced during the previous year have been continued, and about 40 students have attended throughout the session.

The following tables give in summary form the soot deposit, ultra-violet ray, and sulphur absorption records, taken at Oakwood Hall Sanatorium and at the College of Technology during the year 1934 :—

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OAKWOOD HALL SANATORIUM.

Month			Soot deposit gauge.					
			Rainfall	Total solids dissolved	Total insoluble matter	Equivalent to		
						tons per square mile.		
			m/m's.	grams.	grams.	Total insoluble	Total soluble	Total solids
January	...	...	44.2	0.134	0.267	8.95	4.49	13.45
February	...	...	17.2	0.124	0.176	5.90	4.16	10.06
March	...	...	52.6	0.124	0.219	7.34	4.16	11.50
April	...	...	56.7	0.147	0.191	6.40	4.93	11.33
May	...	...	23.0	0.175	0.183	6.14	5.87	12.00
June	...	...	27.2	0.232	0.261	8.75	7.78	16.53
July	...	...	39.6	0.241	0.256	8.58	8.08	16.66
August	...	...	26.3	0.184	0.229	7.68	6.17	13.85
September	...	...	49.3	0.221	0.281	9.42	7.41	16.83
October	...	...	45.9	0.199	0.345	11.57	6.67	18.24
November	...	...	46.8	0.203	0.236	7.91	6.81	14.72
December	...	...	97.3	0.237	0.258	8.65	7.95	16.60
Average	...	...	43.8	0.185	0.242	8.11	6.20	14.31

COLLEGE OF TECHNOLOGY.

Month	Soot deposit gauge						Sulphur di-oxide monthly estimations (lead cone)
	Rainfall m/m's.	Total solids dissolved grams.	Total insoluble matter grams.	Equivalent to tons per square mile.			Weight of SO ₃ per 100 sq. cms. grammes.
				Total insoluble	Total soluble	Total solids	
January ...	40.5	0.256	0.537	19.06	9.08	28.14	0.1916
February	12.8	0.212	0.479	17.00	7.52	24.52	0.1381
March ...	37.9	0.169	0.363	12.88	6.00	18.88	0.1293
April ...	50.4	0.257	0.580	20.58	9.12	29.70	0.1057
May ...	22.0	0.193	0.441	15.65	6.85	22.50	0.0842
June ...	22.4	0.203	0.591	20.98	7.20	28.18	0.0814
July ...	40.4	0.191	0.477	16.93	6.78	23.71	0.0487
August ...	20.9	0.165	0.440	15.61	5.86	21.47	0.0852
September	37.4	0.226	0.421	14.94	8.02	22.96	0.1084
October ...	33.1	0.267	0.496	17.60	9.47	27.08	0.1464
November	38.4	0.220	0.390	13.84	7.81	21.65	0.1993
December	85.2	0.226	0.332	11.78	8.02	19.80	0.1724
Average ...	36.8	0.215	0.462	16.40	7.65	24.05	0.1242

During the year the ultra-violet ray readings of acetone methylene blue solution after exposure to the atmosphere in quartz tubes was further supplemented by contrasting the results of the same solution in ordinary glass tubes. This was done at the request of the Department of Scientific and Industrial Research in order that the results would be comparable with other stations throughout the country.

The following table gives the average daily reading per month of the exposures made :—

Month			TECHNICAL COLLEGE			OAKWOOD HALL SANATORIUM		
			Quartz tube	Glass tube	Difference	Quartz tube	Glass tube	Difference
January	...	...	0.225	No reading	—	0.26	No reading	—
February	...	...	0.285		—	0.34		—
March	...	...	0.42		—	0.47		—
April	...	...	0.52		—	0.62		—
May	...	...	0.97		—	0.90		—
June	...	...	1.08	0.28	0.80	1.26	0.45	0.81
July	...	...	1.05	0.40	0.65	1.00	0.30	0.70
August	...	...	0.75	0.27	0.48	0.92	0.31	0.61
September	...	...	0.65	0.37	0.28	0.58	0.30	0.28
October	...	...	0.56	0.20	0.36	0.71	0.24	0.47
November	...	...	0.18	0.10	0.08	0.28	0.13	0.15
December	...	...	0.13	0.00	0.13	0.29	0.09	0.20
Average	...	...	0.57	—	—	0.64	—	—

Daily volumetric estimations of sulphur dioxide were carried out at the College of Technology and later at the Public Health Department up to June, 1934, when they were discontinued on account of the difficulties mentioned in my last report.

OFFENSIVE TRADES.

The following offensive trades existed in the Borough at the end of December, 1934 :—

Fish friers	...	...	...	...	...	...	...	85
Tripe boilers	...	...	...	...	...	...	...	3
Gut scrapers	...	...	...	...	...	...	...	1
Rag and bone dealers			...	...	...	...	...	3
Hide and skin dealers			...	...	...	...	...	2
Blood driers	...	...	...	...	...	...	...	1
								—
								95
								==

Two businesses of a fish frier ceased during the year, one was transferred to new premises and one new business was established.

The following matters were dealt with and remedied :—

Fish friers' premises :

Lack of cleanliness	...	...	...	...	...	2
Unsuitable arrangements for cleaning fish and potatoes						2

Hide and skin dealer :

Complaints of smells were received during warm weather and improved methods of handling materials were adopted.

COMMON LODGING HOUSES.

During the year one common lodging house was demolished, leaving three at the end of the year.

In all, 171 visits were paid.

Two of the premises were maintained in a satisfactory condition and improvement was effected in the other after complaints to the keeper.

HOUSES LET IN LODGINGS.

At the end of 1934, twenty premises were registered as houses let in lodgings. These were occupied by 93 families. Forty special inspections were made. The premises were maintained in a reasonable condition although the Byelaws were not complied with in every respect.

During the year two houses let in lodgings were closed and demolished, the families being re-housed by the Corporation, and two premises were added to the register.

TENTS, VANS AND SHEDS.

The Byelaws relating to tents, vans and sheds have been found effective in connection with existing structures, and the further powers of the Corporation contained in the Rotherham Corporation Act, 1930, under which, with certain reservations, no tents, vans, sheds or similar structures used or intended to be used for human habitation shall be placed or kept on any land within the Borough without the previous consent of the Corporation, have been useful in controlling new structures.

The number of tents, vans, or sheds, etc., in the Borough occupied as dwellings on the 31st December, 1934, was as follows :—

Occupied vans on wheels	...	...	...	...	...	10
Vans on wheels with extensions	...	...	...	...	...	2
Huts not on wheels	...	...	...	...	...	10
						—
						22
						==

In addition to these a few travelling hawkers make a practice of pitching in one specific area.

During the year, 65 inspections were made.

FACTORIES AND WORKSHOPS.

The number of workshops on the register at the end of 1934 is set out below :—

Workshops and workplaces (excluding bakehouses)	...	67
Bakehouses (including factory bakehouses)	...	26
		—
		93
		==

Details of inspection, including inspections made by the health visitors, are given herewith :—

Premises.	Inspections.	Written. notices.	Verbal. notices.
Factories (including factory laundries)	14	4	—
Workshops (including workshop laundries)	149	1	6
Workplaces (other than outworkers' premises)...	—	—	—
	163	5	6

In the following statement, particulars of the defects found are given :—

Particulars.	Number of defects	
	Found.	Remedied.
Want of cleanliness	9	9
Other nuisances	1	1
Defective sanitary accommodation	1	1
	11	11

CANAL BOATS.

The County Borough of Rotherham is not a registration authority for the purposes of the Canal Boats Acts.

Number of canal boats inspected	...	...	...	...	6
Number of infringements observed	...	...	...	...	—
Notifications of infectious disease	...	...	...	...	—
Cases of illness observed	...	...	...	...	—
Number of persons aboard :—					
		Males.	Females.		
Adults ... ..	...	10	3		
Children under 12 years	...	—	—		
		—	—		
		10	3	13	
		==	==	==	

DISPOSAL OF THE DEAD.

Although the most modern facilities for cremation are available at the City Road Cemetery, Sheffield, no recent increase in the disposal of the dead by this method can be shown.

I am indebted to the Superintendent, Mr. C. Cook, for the following figures relating to the past 22 years :—

Year.	Number of cremations.				
1913–1924 ... ..	...One each year.				
1925	6
1926	4
1927	5
1928	5
1929	2
1930	3
1931	2
1932	3
1933	3
1934	4

SCHOOLS.

No new school has been built during 1934 ; the chief improvements effected during the year are the asphaltting of the playground of St. Bede's Infants' School, and the installation of electric light at Park Street and Wellgate Schools. Minor improvements have also been made at Kimberworth Central, Wellgate, and Thornhill Infants' Schools.

The medical inspection of school children in the Borough, carried out by Dr. A. C. Turner and his staff, is under the control of the Education Committee, and as pointed out in previous years, there has been the closest voluntary co-operation between the work of the two departments. Strict attention is paid to the instructions contained in the "Memorandum on Closure of and Exclusion from School, 1927."

RAG FLOCK ACT.

No flocks are manufactured in the district. One workshop where rag flocks are used in a small way was inspected during the year, and was found to be maintained in a cleanly condition. No samples were taken.

UNDERGROUND SLEEPING ROOMS.

There are no underground sleeping rooms in the Borough, and no regulations have been made under the Housing Act, 1925, Section 18 (1).

PUBLIC MORTUARY.

Under the arrangement made with the Public Assistance Committee during 1933, whereby the mortuary at the Alma Road Hospital was to be used as the public mortuary, 21 bodies were removed there during the year, and were detained for 71 days. The post-mortem room was used on 9 occasions.

The charges paid by the Public Health Committee for the above service amounted to £27 4s. 0d.

SECTION IV.

HOUSING.

In the following table housing statistics for the year 1934 are given :—

I.—INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) and number of inspections made for that purpose	1709
(2) Number of dwelling-houses (included under sub-head (i) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925, and number of inspections made for that purpose	310
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	106
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	155

II.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICE :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers (including houses in respect of which informal notices were served during 1933 and the work was carried out during 1934 and also including houses with minor defects)	1473
--	------

III.—ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

A. Proceedings under Sections 17, 18, and 23 of the Housing Act, 1930.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	—
(b) By Local Authority in default of owners	—

B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	20
(2) Number of dwelling-houses in which defects were remedied after service of formal notices	
(a) By Owners	20
(c) By Local Authority in default of owners	—

C. Proceedings under Sections 19 and 21 of the Housing Act, 1930.

(1) Number of dwelling-houses in respect of which demolition orders were made ...	16
(2) Number of dwelling-houses demolished in pursuance of demolition orders	35
(3) Number of dwelling-houses demolished in anticipation of formal procedure	6

D. Proceedings under Section 20 of the Housing Act, 1930.

(1) Number of separate tenements or underground rooms in respect of which closing orders were made	—
(2) Number of separate tenements or underground rooms in respect of which closing orders were determined, the tenement or room having been rendered fit	—

In addition to the individual unfit houses which were demolished, 2 houses were awaiting demolition and Demolition Orders in respect of 13 houses had not become operative by the end of the year.

Eleven Clearance Orders, involving 258 houses were confirmed ; 241 of the houses were demolished by the end of the year and 17 were vacant and awaiting demolition.

Fifteen new Clearance Areas were represented.

SECTION V.

INSPECTION AND SUPERVISION OF FOOD.

MILK.

The sources of Rotherham's milk supply are the North and West Riding of Yorkshire and the counties of Derbyshire, Staffordshire and Nottinghamshire ; only a small proportion of the supply is produced in the County Borough of Rotherham.

The following statement shows the number of milk producers, dealers and registered premises and also the number of dealers distributing locally whose premises are not locally situated :—

Registered cowkeepers (producers within the County Borough)	...	27
---	-----	----

Retail milk purveyors :

Cowkeepers within the County Borough retailing their own supplies	19
---	--------	----

Retail roundsmen with premises within the County Borough	...	25
--	-----	----

Retailers (not roundsmen) from shops within the County Borough	20
--	--------	----

Retail roundsmen from premises outside the County Borough		62
---	--	----

Registered dairies :

Where cows are kept	27
---------------------	--------	----

Where milk is sold or stored	30
------------------------------	--------	----

Where receptacles are stored	7
------------------------------	--------	---

Seven licenses have been issued under the Milk (Special Designations) Order, 1923 ; one in connection with the sale of "certified" milk ; four for the sale of "grade A" milk ; one for the sale of "pasteurised" milk ; and one in respect of an establishment in which the process of pasteurising is carried on. There are no producers of designated milk in the County Borough.

Seventeen samples of designated milk were obtained for bacteriological examination during the year.

			Conforming to standard.	Not conforming to standard.	Total.
Certified	...	...	3	2	5
Grade A.	...	...	4	—	4
Pasteurised	...	...	7	1	8
			—	—	—
			14	3	17
			==	==	==

The vendors of those samples which did not conform to the bacteriological standards prescribed by the Order were communicated with and later samples proved satisfactory.

Under the Milk and Dairies Acts and Orders improvements of a structural nature or to fittings were carried out at six dairy farms ; at one, a new shed to house 14 cows was erected ; at another, a new dairy wash house and new drainage system provided ; at two farms, automatic drinking troughs have been installed to the sheds ; improved ventilation has been provided to a shed at one farm and at a sixth farm, considerable additional drainage has been provided.

Routine veterinary examination of dairy cattle has been maintained on the basis of four visits to each farm during the year ; 136 visits and 1,491 examinations of bovines have been made by the Veterinary Officer ; the condition of local dairy cows is good.

In connection with the Veterinary Officer's clinical examinations of milch cows the following microscopical and biological tests were made for tubercle bacilli :—

				Positive T.B.	Negative T.B.	Total.
Milk samples microscopically examined						
(individual cows)	...	...	...	5	72	77
Milk samples biologically examined						
(individual cows)	...	...	...	7	25	32
Milk samples biologically examined						
(controls)	...	...	...	3	30	33
Sputum microscopically examined	...			2	1	3
				—	—	—
				17	128	145
				==	==	==

Sixteen milch cows were slaughtered in accordance with the provisions of the Tuberculosis Order, 1925—the largest number in any year since the commencement of the Order; the post mortem findings are set out below :—

Animals giving tuberculous milk and showing lesions of									
tuberculosis	...	...	...	...	...	...	...	...	9
Animals suffering from tuberculous emaciation						...	...		4
Animals otherwise affected			...	...	...	...	...		3
									—
									16
									==

The total amount of compensation paid in respect of the slaughtered cows was £96 10s. 0d. and the amount of salvage received was £44 10s. 0d.

All supplies—both local and other production—were subjected to routine sampling and bacteriological examination for the presence of bacillus coli and tuberculous infection; 100 samples of mixed and bulked (including eight pasteurised but no other designated milk) were examined for bacillus coli with the following results :—

			Percentages.	
			0.1 c.c.	0.01 c.c.
B. coli absent in all tubes	...	...	25	45
B. coli absent in two tubes	...	...	18	14
B. coli absent in one tube	...	...	8	10
B. coli present in all tubes	...	...	49	31

The presence of bacillus coli indicates contamination by dung and where this organism is not found in 0.01 c.c. of milk in two tubes of three examined, the milk is regarded as satisfactory in respect of this test. It will be seen from the above summary that 59 per cent. of the samples proved satisfactory by the test. This figure does not compare favourably with that of the previous year, when 70 per cent. of the samples were satisfactory. This lapse is attributed to a factor to which attention was drawn last year — the inefficient sterilisation of utensils; the hot summer season of 1934 particularly increased the difficulties of those who are trying to produce clean milk and who lack an efficient sterilising unit.

102 samples of raw, non-graded, mixed or bulked milk were examined for the presence of tubercle bacilli and 12 of them (11.76 per cent.) were found to be tuberculous. In connection with eight of these twelve tuberculous samples the infecting cows were traced and slaughtered.

Eight notices were sent to other local authorities respecting the presence of tubercle bacilli found in milk supplied to Rotherham from other areas, and one such notice was received by the department respecting a locally produced supply.

MEAT.

The number of private slaughterhouses in the Borough and the nature of the holdings are as follow :—

Registered slaughter-houses	...	...	...	...	...	2
Licensed slaughter-houses	...	...	...	...	...	1
Annually licensed slaughter-houses	...	...	...	...	...	3
						—
						6
						<u> </u>

The renewal of the three annual licenses for the use of the private slaughter-houses is granted subject to an undertaking from each applicant that only animals for his own business shall be slaughtered on the premises. The remaining three private slaughter-houses are also used only by the occupiers.

In addition to the private slaughter-houses there is the Public Slaughter-house, at which a whole-time meat inspector is stationed, and the following figures, supplied by the Superintendent, indicate the number of animals slaughtered there during 1934 :—

Beasts	...	...	...	...	...	...	...	5,958
Calves	...	...	...	...	...	...	...	471
Sheep and lambs	...	...	...	...	...	...	...	11,016
Pigs	...	...	...	...	...	...	...	12,127
								<u> </u>
								29,572
								<u> </u>

Excluding the whole-time inspector stationed at the Public Slaughter-house the number of visits paid by the staff to the whole of the slaughter-houses during the year was 540.

In addition to the written notices of regular slaughter at fixed times on fixed days at the private slaughter-houses, the following notices were received in compliance with the Public Health (Meat) Regulations, 1924 :—

Nature of notices.	Notices received.	Number visited.
A. Private premises (other than private slaughter-houses) :—		
Notices of intention to slaughter	21	21
Emergency slaughter in the Borough	4	4
B. Private slaughter-houses :—		
Notices of intention to slaughter	16	16
Emergency slaughter	8	8
Notices to examine meat where there is evidence of disease ...	4	4
	53	53

The following summary gives details of the meat seized or surrendered and destroyed during 1934 as unfit for human food, from all causes (including tuberculosis) :—

Number of	Beasts.	Calves.	Sheep and lambs.	Pigs.	Total.
Carcases (including offal)	65	8	164	37	274
Portions of carcases ...	14	—	4	—	18
Heads (including tongues)	501	—	—	289	790
Heads (without tongues)	6	—	—	—	6
Lungs	1148	—	39	347	1534
Livers	681	—	367	461	1509
Tripes or stomachs ...	252	—	—	—	252
Spleens	186	—	—	25	211
Kidneys	87	—	—	—	87
Hearts	9	—	—	8	17
Udders	441	—	—	—	441
Fats (mesenteries, etc.)	314	—	—	1378	1692

The total weight of fresh meat and offals condemned was allocated as follows :

	Tons.	Cwts.	Stones
Public Slaughter-house	53	1	5¼
Private slaughter-houses	1	0	0½
Other private premises	—	—	2¾
	54	2	0½

Tuberculosis was the reason for the condemnation of 75 per cent. of the total weight of fresh meat and offals condemned during the year.

Particulars of the tuberculous meat seized or surrendered and destroyed during 1934 are given herewith :—

Number of						Beasts.	Pigs.	Total.
Carcases (including offal)	...	...	...	...	...	51	15	66
Portions of carcasses (quarters)	...	...	...	...	...	10	—	10
Heads (including tongues)	...	...	...	...	...	489	289	778
Lungs	...	...	...	...	...	1112	290	1402
Livers	...	...	...	...	...	391	345	736
Tripes or stomachs	...	...	...	...	...	249	—	249
Spleens	...	...	...	...	...	183	24	207
Kidneys	...	...	...	...	...	63	—	63
Hearts	...	...	...	...	...	7	—	7
Udders	...	...	...	...	...	43	—	43
Mesenteries	...	...	...	...	...	314	1275	1589

Under the Tuberculosis Order 11 cows were taken to the Public Slaughterhouse for slaughter, and the parts condemned are included in the foregoing table.

The following table gives an analysis of whole carcasses condemned on account of disease or condition other than tuberculosis :—

Condition or disease which rendered the meat unfit for human food.					Beasts.	Calves.	Sheep.	Pigs.	Total.
Pyæmia	...	...	...	...	—	—	1	—	1
Toxaemia	...	...	...	...	1	—	—	—	1
Uraemia	...	...	...	...	2	—	—	—	2
Traumatism	...	...	...	...	—	1	—	—	1
Traumatism and hydraemia	...	...	...	...	1	—	—	—	1
Johne's disease and hydraemia	...	...	...	...	4	—	—	—	4
Nephritis and hydraemia	...	...	...	...	1	—	—	—	1
Hydraemia	...	...	...	...	4	—	158	1	163
Peritonitis	...	...	...	...	—	—	1	—	1
Killed in extremis	...	...	...	...	—	1	3	1	5
Swine fever	...	...	...	...	—	—	—	11	11
Swine erysipelas	...	...	...	...	—	—	—	4	4
Fevered	...	...	...	...	—	—	—	1	1
Jaundice	...	...	...	...	1	—	—	2	3
Rachitis	...	...	...	...	—	—	—	2	2
Immature	...	...	...	...	—	6	—	—	6
Malignant tumour	...	...	...	...	—	—	1	—	1
					14	8	164	22	208

The practice of marking meat, in accordance with Part III of the Public Health (Meat) Regulations, was continued throughout the year. The stamp, which identifies the inspector using it, indicates that the carcase has been inspected and passed as fit for human food, and is used only in connection with carcasses dressed at the Public Slaughter-house. Pigs to the number of 1441 were marked during the year.

The Borough continues to be free from butcher meat stalls, except meat hawkers' vehicles. None of these were found to contravene the Public Health (Meat) Regulations.

The premises where made-up goods are made have been visited regularly during the year. Four of these premises are attached to private slaughter-houses, and were visited on most occasions that these slaughter-houses were visited without, however, a separate record being made.

OTHER FOODS.

There is no wholesale market in Rotherham. It is the practice of retailers, including hawkers, to submit doubtful articles to the Public Health Department, because if any article is considered unfit for food a condemnation certificate is given and the retailer usually recovers the purchase price from the wholesaler.

During the year 16 certificates of unsoundness were given.

The following table gives details of food other than fresh killed meat condemned during the year :—

						Number.	Weight lbs.
Imported meat	...	...	...	...	...	—	477
Fish	...	...	...	...	...	—	70
Prawns (tins)	...	...	...	...	...	1	—
Mussels (bag)	...	...	...	...	...	1	—
Crabs (boxes)	...	...	...	...	...	2	—
Rabbits	...	...	...	...	...	24	—
Tinned food (tins)	...	...	...	...	...	60	—

Of the 214 samples examined 21—all milk—were reported not genuine ; stated as a percentage of all samples, 9.81 were not genuine ; stated as a percentage of milk samples only, 16.15 were not genuine. These figures are high when compared with those for the country as a whole, but, as stated in previous reports, they are not a criterion of our milk supplies in general. The 21 samples of milk

which failed to conform to the requirements of the Sale of Milk Regulations were not from 21 different supplies—they related to 11 supplies. In some cases a further or two further samples from one source of supply were taken immediately following the discovery of a deficiency in the original sample; but whilst the “follow-up” methods, used in cases where the Public Analyst gives an adverse report, result in high non-genuine percentages they also reveal, in most cases, specific information as to the cause of the nonconformity to the prescribed standard and thus afford a true basis for action. In the case of four supplies summonses were issued—two summonses being issued against one producer. In connection with the deficiency to which the five prosecutions relate there is little doubt that two of them resulted from mal-practice—the other three being due to carelessness in handling the milk.

With regard to the Public Health (Preservatives, etc., in Food) Regulations, no sample was found to contain preservative.

FOOD AND DRUGS (ADULTERATION) ACT.

The following table gives details of the samples of food and drugs purchased and submitted to the Public Analyst for examination :—

Total No.	Nature of sample.	Genuine		Not reported as genuine.		Formal samples			Penalties including costs.
		Formal.	Informal.	Formal.	Informal.	Prosecu- tions in- stituted.	Dismissed or with- drawn.	Convic- tions.	
3	Ammoniated tinc- ture of quinine ...	—	3	—	—	—	—	—	—
3	Baking powder ...	—	3	—	—	—	—	—	—
18	Butter ...	—	18	—	—	—	—	—	—
3	Camphorated oil ...	—	3	—	—	—	—	—	—
3	Coffee ...	—	3	—	—	—	—	—	—
6	Condensed milk ...	—	6	—	—	—	—	—	—
5	Cream ...	—	5	—	—	—	—	—	—
3	Flour (self-raising)	—	3	—	—	—	—	—	—
3	Ground ginger ...	—	3	—	—	—	—	—	—
3	Jams ...	—	3	—	—	—	—	—	—
6	Lard ...	—	6	—	—	—	—	—	—
6	Margarine ...	—	6	—	—	—	—	—	—
130	Milk ...	86	23	11	10	5	5	—	£4 9s. 0d.
3	Paregoric ...	—	3	—	—	—	—	—	—
3	Pork pie ...	—	3	—	—	—	—	—	—
3	Potted meat ...	—	3	—	—	—	—	—	—
3	Sausages ...	—	—	—	—	—	—	—	—
1	Separated milk ...	1	—	—	—	—	—	—	—
3	Sponge buns ...	—	3	—	—	—	—	—	—
3	Vinegar ...	—	3	—	—	—	—	—	—
3	Zinc ointment ...	—	3	—	—	—	—	—	—
214		87	106	11	10	5	5	—	£4 9s. 0d.

Details of the samples not reported genuine and action taken are given below :

Identi- fication mark.	Article.	Result of analysis.			Remarks and action taken.
		Milk fat. Percen	Solids not fat. tages.	Freezingpt. (Hortvet) deg. Cent.	
1307	Milk	2.73	8.92		Milk fat deficiency due to unequal intervals between milking times. (See "appeal-to-cow" samples Nos. 1312 and 1313). Producer-retailer warned; milking times altered and subsequent sample proved genuine.
1312	Milk	2.78	8.79		} "Appeal-to-cow" samples in connection with No. 1307; morning milk.
1313	Milk	2.53	9.00		
1316	Milk	2.80	9.01		
					Informal sample; milk fat deficiency caused by failure to mix yield of a number of cows before bottling; letter to producer-retailer; subsequent sample genuine.
1348	Milk	5.10	8.46		No action.
1355	Milk	3.25	8.46		No action.
1356	Milk	2.69	8.31		A retailer's sample; see Nos. 1375 and 1376 taken in course of delivery from producer to retailer.
1367	Milk	2.58	8.85		Summons issued against retailer; case dismissed on payment of costs.
1368	Milk	2.32	8.39		See Nos. 1369 and 1370.
1369	Milk	2.05	8.06	-0.558	} Taken in connection with No. 1368; "Appeal-to-cow" samples; morning milk; mixed milk of two cows—one "in season."
1370	Milk	2.04	8.08	-0.552	
1371	Milk	2.86	8.79		} Taken in connection with No. 1367 at farm as delivered to retailer; morning milk, milk-fat deficiency due to unequal intervals between milking times; letter to producer.
1372	Milk	2.96	9.28		
1375	Milk	2.57	8.41	-0.522	} Relate to No. 1356; summonses issued against producer; cases dismissed on payment of costs.
1376	Milk	2.57	8.41	-0.527	
1379	Milk	3.90	8.33		Intimation to producer.
1410	Milk	3.43	7.87	-0.482	Summons issued; case dismissed on payment of costs.
1412	Milk	2.35	8.13	-0.493	Summons issued; case dismissed on payment of costs.
1417	Milk	1.86	8.18	-0.462	Informal sample; relates to No. 1412.
1448	Milk	2.85	8.61		Vendor warned.
1468	Milk	2.97	8.51		Letter to producer-retailer.

The quarterly average composition of the samples of milk was as follows :—

Period.	Percentages.		No. of samples.
	Milk-fat.	Solids not fat.	
1st quarter	3.49	8.92	35
2nd quarter	3.45	8.80	34
3rd quarter	3.62	8.80	43
4th quarter	3.54	8.90	18
The whole year	3.53	8.85	130

The total number of milk samples procured was 130

The highest percentage of milk fat was 5.10

Associated with solids not fat (June) 8.46

The highest percentage of solids not fat was 9.42

Associated with milk fat (September) 4.75

The number of samples containing 4 per cent. or over of milk fat was ... 28

The number of samples containing 9 per cent. or over of solids not fat was ... 40

And the number of samples containing over 4 per cent. milk fat and 9 per cent. solids not fat was 10

SECTION VI.

INFECTIOUS DISEASES GENERALLY.

The prevalence of the infectious diseases notifiable in the County Borough is shown in the following table:—

Disease.	1930	1931	1932	1933	1934
Small-pox	2	—	—	—	—
Cholera	—	—	—	—	—
Plague	—	—	—	—	—
Diphtheria	146	188	104	57	91
Erysipelas... ..	38	33	42	43	57
Scarlet fever	200	119	114	268	407
Malaria	1	1	—	—	—
Typhoid and paratyphoid fevers	3	7	15	1	—
Continued fevers	—	—	—	—	—
Puerperal fever	7	4	6	4	3
Encephalitis lethargica	2	2	1	—	—
Measles and German measles	1712	392	1464	36	1667
Ophthalmia neonatorum	1	7	6	3	3
Pulmonary tuberculosis	98	103	100	126	84
Other forms of tuberculosis	44	39	40	29	27
Cerebro-spinal meningitis	3	52	13	3	2
Pneumonia	196	172	155	155	117
Chicken-pox	492	325	444	300	582
Dysentery... ..	—	—	—	—	—
Acute anterior poliomyelitis	—	—	—	—	—
Acute polio-encephalitis... ..	—	—	—	—	—
Puerperal pyrexia	11	13	10	16	11
Pemphigus neonatorum	5	2	1	—	—
Totals	2961	1459	2515	1041	3051

In the subsequent table particulars are given of the incidence of the notifiable infectious diseases during the year, showing age grouping, ward distribution, cases removed to hospital, and total deaths.

Notifiable disease.	No. of cases notified											Total cases notified in each ward of the Borough.								Total cases removed to hospital.	Total deaths.		
	At ages—years.											East.	St. Ann's.	Clifton.	South.	West.	North.	Thornhill.	Masbro'.			Kimberworth.	
	Under 1 year.	1 to 2 years.	2 to 3 years.	3 to 4 years.	4 to 5 years.	5 to 10 years.	10 to 15 years.	15 to 20 years.	20 to 35 years.	35 to 45 years.	45 to 65 years.												65 years and over.
Small pox ...	91	4	5	4	6	28	20	8	12	—	—	—	—	—	—	—	—	—	—	—	16	83	3
Diphtheria ...	57	1	—	—	—	—	1	5	10	12	19	9	—	—	—	—	—	—	—	—	6	10	3
Erysipelas ...	407	5	19	40	45	177	88	13	18	1	—	—	—	—	—	—	—	—	—	—	74	361	1
Scarlet fever	2	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—
Cerebro-spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid and para-typhoid fevers	11	—	—	—	—	—	—	2	6	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia ...	3	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute polio-myelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles and German measles	1667	79	188	193	224	781	18	4	5	—	—	—	—	—	—	—	—	—	—	—	88	3	2
Ophthalmia neonatorum	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	117	4	7	—	4	16	5	4	23	19	23	5	—	—	—	—	—	—	—	—	1	27	59
Chicken-pox	582	34	38	35	60	343	29	2	3	—	—	—	—	—	—	—	—	—	—	—	66	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pemphigus neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary tuberculosis :—Males	54	—	1	—	1	6	2	9	13	12	10	—	—	—	—	—	—	—	—	—	7	42	20
Females	30	1	—	2	1	5	2	3	8	6	1	1	—	—	—	—	—	—	—	—	4	37	15
Other forms of tuberculosis :—Males	13	—	1	—	2	3	—	—	7	—	—	—	—	—	—	—	—	—	—	—	5	19	6
Females	14	—	—	—	3	4	2	1	2	—	—	1	—	—	—	—	—	—	—	—	—	17	1
Total	3051	123	230	259	274	1363	167	52	110	52	58	16	365	374	140	250	276	321	389	287	610	112	—

ISOLATION HOSPITAL.

The following table shows the numbers of cases of the principal notifiable diseases admitted during the year.

Disease.	Cases notified during 1934	In hospital 31st Dec. 1933	Admissions 1934	Discharges 1934	Deaths 1934	Remaining in hospital 31st Dec. 1934	Total patient days.
Scarlet fever ...	407	38	365	347	2	54	14092
Diphtheria ...	91	5	88	70	2	21	3147
Typhoid fevers ...	—	—	—	—	—	—	—
Cerebro-spinal meningitis ...	2	—	2	2	—	—	67
Other diseases ...	—	2	27	24	3	2	475
Total ...	—	45	482	443	7	77	17781

The average number of patients daily was 48.7

Comparative annual case figures are given in the following summary :—

Year.	Scarlet fever.	Diphtheria.	Typhoid fevers.	Other diseases.	Total.
1930 ...	172	138	3	22	335
1931 ...	109	188	8	66	371
1932 ...	98	100	21	34	253
1933 ...	221	60	3	26	310
1934 ...	365	88	—	29	482
Total ...	965	574	35	177	1751

SCARLET FEVER. The number of cases of this disease which suddenly increased in the autumn of 1933, was maintained at an exceptionally high level throughout the year 1934, as is shown by the table of comparative annual figures. It was found necessary to open Kimberworth Hospital three times during the year to accommodate those cases of scarlet fever which could not be accommodated at the Isolation Hospital. The dates were :—

- 7th February to 15th February.
- 4th March to 22nd March.
- 23rd September to 26th November.

Generally, one may say that this hospital answers very well as an extension of the Isolation Hospital, but as there are no single wards it has to be used for convalescent cases, and the distance from town and from the main hospital involves a certain amount of minor administrative difficulties.

Of the 407 cases of scarlet fever, 365 were admitted to hospital. Of these 7 also suffered from diphtheria, but are included in the above table as cases of scarlet fever, this being the disease primarily notified. There were two re-admissions during the year. One of the hospital nurses was admitted, but this case is not included in the 407 notifications, as cases occurring in an isolation hospital are not required to be notified under the Infectious Disease (Notification) Act, 1889. Included in the 407 notifications are four cases admitted during 1933 but not notified until 1934.

The disease as a whole was of a mild character and the complications met with were generally slight. As mentioned in the 1933 report, a rather higher percentage of cardiac complications than is usual was met with, which very considerably lengthened the period of treatment. Renal complications were mild. Two deaths occurred during the year.

DIPHTHERIA. 88 cases of diphtheria were admitted, one of whom had also scarlet fever but is included in the diphtheria figures in the table. The admissions included two cases from the Oakwood Hall Sanatorium, which cases were notified to the Rotherham Rural District Council, in whose area the cases occurred. Two cases occurred amongst the Isolation Hospital staff. These four cases are not included in the notification figures.

The cases were generally mild until towards the end of the year, when concurrently with a rise in the incidence of diphtheria in the surrounding districts, there occurred a change of type, and several severe cases were met with.

Two deaths occurred, one being a case of laryngeal diphtheria.

One very frequently receives a history from diphtheria patients that the attendant medical practitioner had been attending for several days; that early in the disease a swab had been taken which had been reported negative; that the disease had been treated as tonsilitis, until a second swab had been reported positive; or that some other occurrence had caused the doctor to send the case to hospital. This means a loss of valuable days, the most important consideration in diphtheria treatment being the *early* administration of serum. Fortunately, the diphtheria met with recently has been of mild character, but some severe cases were admitted who had been under medical care for more than one day.

It cannot be too strongly emphasised that a negative swab can in no circumstances exclude diphtheria, just as a negative sputum does not exclude tuberculosis. Diphtheria is not a disease to be diagnosed in the laboratory. It is on the clinician that the onus of diagnosing diphtheria rests, and also the duty of sending cases which are clinically diphtheria into hospital as soon as they are seen.

TYPHOID FEVER. No cases occurred. In two cases admitted as query typhoid fever, this provisional diagnosis was not confirmed. They are therefore included in the column "other diseases."

CEREBRO-SPINAL MENINGITIS. Four cases were admitted as suffering from this disease, and the diagnosis was confirmed in two cases.

OTHER DISEASES. Included in the total of 27 admissions are 9 cases of erysipelas (one of whom was admitted twice). There were five cases of pneumonia and 3 of measles (one of whom was admitted as scarlet fever, that diagnosis not being confirmed). In two cases admitted as diphtheria, the diagnosis was not confirmed, the patients suffering from tonsillitis. Two cases of rhinitis occurring in patients discharged after scarlet fever, were treated.

Three deaths occurred in this group—one of pneumococcal meningitis, one of pneumonia, and one of pneumonia and diabetes.

SCHICK AND DICK TESTS. Eight nurses and nine maids were tested and two nurses and two maids were found to react to the Schick test. All four persons were immunised. Curiously enough, one nurse who was negative to both tests later developed scarlet fever and one nurse who was immunised against diphtheria later developed that disease.

KIMBERWORTH HOSPITAL.

No cases of small-pox were admitted to Kimberworth Hospital during the year.

VACCINATION.

The County Borough is divided into two areas for the purpose of vaccination, the south-east, and the north-west, each with a vaccination officer and a public vaccinator.

Dr. T. V. Griffith, the Medical Officer of Alma Road Hospital, also acts as a public vaccinator.

The following are details extracted from the annual return forwarded to the Registrar-General, and relate to the year 1933 :—

Number of live births returned in birth list sheets	...	...	...	1256
Number successfully vaccinated	...	...	...	568
Number insusceptible of vaccination	...	...	...	11
Number of conscientious objectors	...	...	...	579
Number who died unvaccinated	...	...	...	68
Number postponed by medical certificate	...	...	...	—
Number removed to other known districts	...	...	...	10
Number removed to places unknown	...	...	...	7
Number remaining on 31st January, 1935, not accounted for	...	...	...	13

Under the Public Health (Small-pox Prevention) Regulations, 1917, no vaccinations or revaccinations were performed.

PROPHYLAXIS OF DIPHTHERIA AND SCARLET FEVER.

During the year no Schick or Dick tests were performed, nor were any persons immunised, other than members of the Isolation Hospital staff.

SUPPLY OF DIPHTHERIA ANTITOXIN.

On application to the Health Department, concentrated diphtheria antitoxin is supplied free to all medical practitioners for use in the Borough.

During the year, 12 phials, equivalent to 66,000 units, were so supplied.

BACTERIOLOGICAL LABORATORY.

In the following table details are given of the examinations at the Public Health Laboratory made during 1934 :—

Examinations for :—	Positive.	Negative.	Doubtful.	Total.
Diphtheria	151	1000	—	1151
Tuberculosis	345	964	—	1309
Typhoid fever	—	—	—	—
Gonorrhoea	77	184	31	292
Other examinations	87	62	1	150
Total	660	2210	32	2902

The following statement gives details of the specimens examined at the Bacteriological Laboratory of the University of Sheffield during the year 1934 :—

Wassermans	..	..	..	..	..	..	..	..	..	..	354
Gonococci	..	..	..	..	..	..	..	..	..	..	14
Cerebro-spinal fluid	..										
Complete examinations	..	..	..	..	..	..	..	..	..	1	
,, less colloidal gold	..	..	..	..	..	..	..	..	..	4	
Typing meningococcus	..	..	..	..	..	..	..	..	..	1	
										—	6
Blood cultures	..	..	..	..	..	..	..	..	..		5
Typhoid examinations :											
Blood	..	..	..	..	..	..	..	..	..	5	
Urine	..	..	..	..	..	..	..	..	..	1	
Faeces	..	..	..	..	..	..	..	..	..	3	
										—	9
Virulence tests :											
Nasal and throat swabs	..	..	..	..	..	..	..	..	..		32
Milk examinations :											
Inoculation—T.B.	..	..	..	..	..	..	..	..	..	186	
B. coli content	..	..	..	..	..	..	..	..	..	122	
Bacterial count	..	..	..	..	..	..	..	..	..	11	
Microscopic—T.B.	..	..	..	..	..	..	..	..	..	7	
										—	326
Other examinations :											
Haemolytic streptococci	..	..	..	..	..	..	..	..	..	39	
Other special examinations	..	..	..	..	..	..	..	..	..	1	
										—	40
											<hr/> 786 <hr/>

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

The following table indicates the incidence of various non-notifiable acute infectious diseases prevalent amongst children attending the public elementary schools :—

Disease.	1930	1931	1932	1933	1934
Whooping cough	302	461	640	239	300
Mumps	202	419	124	446	997
Ringworm	264	290	212	201	178
Totals	768	1170	976	886	1475

During the year, 80 deaths from cancer took place, as compared with 88 in 1930, 84 in 1931, 86 in 1932, and 69 in 1933.

Details are furnished in the following table regarding the location of the disease, together with the age and sex distribution.

Location of disease	Under 20 years M. F.	20—25 years		25—30 years		30—35 years		35—40 years		40—45 years		45—50 years		50—55 years		55—60 years		60—65 years		65—70 years		70—75 years		75—80 years		80—85 years		85 years & over		Total	Grand total.
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
Buccal cavity M. and pharynx F.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	1	1	1	-	-	-	-	-	-	-	-	4	1	5
Digestive organs and peritoneum	-	-	-	1	1	1	1	1	1	3	2	4	2	4	3	6	2	4	3	3	2	3	1	2	-	1	-	-	27	20	47
Respiratory organs	-	-	-	-	1	-	1	1	1	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4
Uterus	-	-	-	-	-	-	-	-	-	2	1	-	1	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	6	6
Female genital organs	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Breast	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	2	-	-	7	7
Male genito-urinary organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	1
Skin	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3
Other organs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-	-	-	-	-	2	3	5
Totals	-	-	-	1	1	1	1	2	2	3	6	5	9	4	3	10	4	7	5	4	4	2	3	-	2	-	-	-	39	41	80

The ratio of cancer deaths to deaths from all causes expressed as a percentage for the years 1930-34 is as follows :—
In 1930 the percentage was 11.9 ; in 1931, 10.0 ; in 1932, 11.0 ; in 1933, 8.2 ; and 11.3 in 1934.

INFLUENZA.

During the year 7 deaths occurred from influenza ; 1 in January, 1 in February, 2 in March and November, and 1 in December.

CLEANSING AND DISINFECTION.

The arrangements for cleansing and disinfection, as outlined in the annual report for 1931, remain unchanged.

REMOVAL OF INFIRM OR DISEASED PERSONS.

Under Section 101 of the Rotherham Corporation Act, 1928, which enables the medical officer of health to apply to a court for an order for the removal of an infirm or diseased person, four persons were under observation during the year, but it was not found necessary to apply to the court for an order.

VERMINOUS CONDITIONS.

During 1934, a total of 29,381 examinations of school children were made by school nurses, as a result of which 385 individual children were found verminous, and 12 of this number were cleansed at the clinic under arrangements made by the Local Education Authority.

RATS.

During the year, the Rats and Mice Officer caught 5,129 rats. In addition to this number, poison baits were laid on 85 premises and the gassing machine, using sulphur dioxide, was used on 39 occasions.

National Rat Week was observed in Rotherham in accordance with the instructions of the Ministry of Agriculture and Fisheries from November 5th to the 10th.

Publicity was given to this effort by press references and by poster display on hoardings, in tramcars, buses and in shops of hardware dealers and chemists ; an increased number of reports of infestations was received as a result of this publicity. During that week 422 rats were caught, exclusive of rats poisoned or gassed and not traced.

SECTION VII.

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1934.

Under the Public Health (Tuberculosis) Regulations, 1930, the number of cases of tuberculosis on the register of notifications on the 31st December, 1934, was 797, classified as follows :—

Total cases ...	Pulmonary.			Non-pulmonary.		
	Males.	Females.	Total.	Males.	Females.	Total.
797	348	276	624	93	80	173

Particulars of new cases of tuberculosis and of deaths from the disease are given in the following table :—

Age periods. Years.			New cases.*				Deaths.			
			Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
			M.	F.	M.	F.	M.	F.	M.	F.
Under 1	...	...	—	1	1	1	—	—	1	1
1-5	...	...	2	4	3	4	—	1	1	—
5-10	...	...	6	5	3	5	—	1	—	—
10-15	...	...	2	2	—	3	—	—	—	—
15-20	...	...	9	4	—	1	—	1	1	—
20-25	...	...	3	2	2	1	1	—	—	—
25-35	...	...	12	7	6	1	7	4	3	—
35-45	...	...	12	7	—	—	—	6	—	—
45-55	...	...	7	—	—	—	8	1	—	—
55-65	...	...	3	2	—	1	3	1	—	—
65 and upwards	...	...	—	1	—	1	1	—	—	—
Totals	...	...	56	35	15	18	20	15	6	1

*Primary notifications, including other new cases which have come to the knowledge of the Medical Officer of Health during the year 1934.

The ratio of non-notified tuberculous deaths to the total tuberculous deaths was 1 in 14. No action was required for cases of wilful neglect or refusal to notify.

No action was taken during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or Section 62 of the Public Health Act, 1925.

TUBERCULOSIS DISPENSARY.

The dispensary sessions are held twice weekly in premises which, as stated last year, are unsuitable. The waiting room is too small, patients frequently crowding the passage way and even overflowing into the street. The examination and consulting rooms are stuffy, and because of their proximity to a busy street, noisy. Examinations of patients and even conversations have frequently to be interrupted while heavy vehicles rumble past.

HOME VISITING.—The new arrangements commenced last year whereby the visiting of tuberculosis cases was apportioned amongst the health visits of the borough have proved extremely satisfactory. Fuller information is gathered about the home conditions of the patients, and old patients whose names are still on the register but who have not attended for a long time are being kept in touch with. Their health and home circumstances are reported upon every few months, and the patients advised to attend the dispensary, at least yearly for examination. The dispensary register, which had fallen rather out-of-date under the old system of home visiting was brought up-to-date by the writing off of 239 old cases whose disease had been arrested for a sufficiently long period and who had not attended the dispensary for some time. Such cases were urged to attend the dispensary (or if their work prevented this, Oakwood Hall Sanatorium) and those found satisfactory were discharged. By this means, and by the writing off of “lost sight of” cases and cases transferred out of the Borough, the register has been reduced from the figure of 929, round which it had fluctuated for many years, to 613.

The new method of home visiting has also facilitated greatly the work of supervision of contacts.

SUPERVISION OF CONTACTS.—In the years previous to 1934 the work done in connection with contacts of tuberculous persons was not very extensive. The following figures show the number of contacts examined in the years 1930–1934 inclusive :—

1930	...	...	...	...	19
1931	...	...	...	...	18
1932	...	...	...	...	18
1933	...	...	...	...	30
1934	...	...	...	...	148

In 1934 special dispensary sessions for the contacts of infectious tuberculous cases were inaugurated. The relatives of cases who had died during the preceding two years were also invited to attend. Of the 148 contacts examined, only 11 proved to be definitely tuberculous. This figure does not, of course, represent the real value of the work. The remaining 137 cases are being kept under observation—at three monthly, six monthly, or even yearly intervals. It is easy in dealing with contacts, especially children, to say whether or not the person is infected with the tubercle bacillus, but infection does not mean disease, and, in some cases, it is rather difficult to decide whether actual disease is present or not. These cases are kept under close observation, and may be admitted to the sanatorium for a period. In this way early cases may be detected while in an easily curable stage. By close examination of contacts, also, we may discover little known facts regarding the mechanism of infection and the beginnings of early disease.

The general plan of campaign in regard to contact sessions is as follows:—Contacts who appear to be healthy are invited to re-attend the dispensary in one year. Those in whom tuberculosis is detected are treated as ordinary cases, and those in whom there are suspicious findings are invited to attend the dispensary at intervals of one month or more, or may even be admitted to sanatorium for observation. Tuberculin testing and X-ray examination are made full use of. It may be mentioned, in regard to the latter, that X-ray papers have been found to give satisfactory results in the examination of the majority of contacts, thus effecting a saving of cost, the films being much more expensive.

RADIOLOGICAL EXAMINATIONS.—In connection with dispensary work, 368 radiological examinations were made at Oakwood Hall Sanatorium. This figure shows an uncrease of 131 over last year's figure, which is only partially due to the inauguration of the "contact" clinic, an increase in the frequency with which dispensary cases are radiologically reviewed also contributing.

NEW CASES.—New cases are generally sent to the dispensary without much delay on the part of the practitioner concerned. Most of the cases of advanced disease occur either because the patient has been tardy in consulting his doctor, or because the disease has commenced very acutely. Still, a few cases present themselves in an advanced state who have been under continuous medical attention for many months, and one feels that these few cases at least might have been brought earlier to the notice of the Tuberculosis Officer.

111 cases of tuberculosis were notified for the first time during 1934. Of this number, 73 patients attended the Tuberculosis Dispensary, and all except 6 (all cases of pulmonary tuberculosis) were seen by the Tuberculosis Officer prior to notification.

		Primary notifications 1934	1934 accepted cases attending dispensary.
Pulmonary	Males.	54	34
	Females.	30	23
Non-pulmonary	Males.	13	7
	Females.	14	9
		—	—
		111	73
		==	==

The co-operation existing between the medical practitioners of the Borough and the Tuberculosis Officer is also exemplified by the fact that of 183 new cases sent to the dispensary, only 62 were found to be tuberculous, showing the readiness with which suspicious cases are sent for diagnosis.

The following table compares the figures for 1934 with those for the preceding years :—

Year.	New cases.			
	Definitely tuberculous.	Doubtfully tuberculous.	Non- tuberculous.	Total.
1930	78	10	77	165
1931	90	15	72	177
1932	101	9	73	183
1933	107	3	74	184
1934	62	8	113	183

Year.	Contacts.			
	Definitely tuberculous.	Doubtfully tuberculous.	Non- tuberculous.	Total.
1930	4	2	13	19
1931	6	—	12	18
1932	3	2	13	18
1933	12	3	15	30
1934	11	—	137	148

The great increase in the number of contacts examined is, of course, due to the inauguration of the contact clinic.

The following return shows the work of the dispensary during the year 1934.

DIAGNOSIS.	Pulmonary				Non-pulmonary				Total				Grand total.	
	Adlts.		Child.		Adlts.		Child.		Adlts.		Child.			
	M	F	M	F	M	F	M	F	M	F	M	F		
A—New cases examined during the year (excluding contacts)														
(a) Definitely tuberculous ...	24	14	7	4	2	2	3	6	26	16	10	10	62	
(b) Diagnosis not completed...	—	—	—	—	—	—	—	—	1	4	1	2	8	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	35	42	14	22	113	
B—Contacts examined during the year :—														
(a) Definitely tuberculous ...	—	—	3	5	—	—	2	1	—	—	5	6	11	
(b) Diagnosis not completed...	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	13	25	39	60	137	
C—Cases written off the dispensary register as														
(a) Recovered ...	53	48	47	45	1	2	18	25	54	50	65	70	239	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the dispensary register as tuberculous) ...	—	—	—	—	—	—	—	—	50	69	54	84	257	
D—Number of cases on dispensary register on Dec. 31st :—														
(a) Definitely tuberculous ...	201	146	79	68	12	9	49	49	213	155	128	117	613	
(b) Diagnosis not completed...	—	—	—	—	—	—	—	—	1	4	1	2	8	

1. Number of cases on dispensary register on January 1st ...	929	8. Number of visits by tuberculosis officer to homes (including personal consultations) ...	19
2. Number of cases transferred from other areas and cases returned after discharge under head 3 in previous years	9	9. Number of visits by nurses or health visitors to homes for dispensary purposes ...	*1823
3. Number of patients transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of"	119	10. Number of	
4. Cases written off during the year as dead (all causes) ...	33	(a) Specimens of sputum, &c., examined ...	202
5. Number of attendances at the dispensary (including contacts) ...	2025	(b) X-ray examinations made in connection with dispensary work ...	368
6. Number of insured persons under domiciliary treatment on the 31st December ...	62	11. Number of "recovered" cases restored to dispensary register and included in A(a) and A(b) above ...	—
7. Number of consultations with medical practitioners :—		12. Number of "T.B. plus" cases on dispensary register on 31st December ...	102
(a) Personal ...	10		
(b) Otherwise ...	183		

*All visits.

The 257 non-tuberculous persons written off the dispensary register revealed the following conditions :—Bronchitis 64, pulmonary fibrosis 26, valvular disease of the heart 8, debility 7, bronchiectasis 5, pulmonary catarrh 5, abscess of the lung 3, hilar enlargement 3, neurasthenia 3, gastro enteritis 2, rickets 2, anaemia 2, and one each, congenital abnormality of spine, asthma, chronic tonsillitis, congenital syphilis, diabetes, cystitis and endometritis, ulceration of arm, congenital dislocation of the hip, ganglion, chorea, resolving pneumonia, azygos lobe, whooping cough, healed spinal caries, eczema of scalp, chronic appendicitis, femoral hernia, and pleurisy. The remaining 110 cases shewed no apparent disease.

Rotherham, with a tuberculosis death rate of 61 (51 pulmonary and 10 non-pulmonary) per 100,000 population, compares favourably with the figure of 76 for England and Wales (63 pulmonary and 13 non-pulmonary) and exceptionally favourably with the other English County Boroughs.

The following summary shows the clinical condition of all patients at the end of the year classified as pulmonary cases (positive and negative) and non-pulmonary cases, arranged according to the year in which they first came under public medical treatment.

Condition at the time of the last record made during the year to which the return relates.	Prev's to 1926				1926				1927				1928				1929				1930				1931				1932				1933				1934																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
	Class T.B. minus.	Class T.B. plus.	Non-pulmonary.	Total.	Class T.B. minus.	Class T.B. plus.	Non-pulmonary.	Total.	Class T.B. minus.	Class T.B. plus.	Non-pulmonary.	Total.	Class T.B. minus.	Class T.B. plus.	Non-pulmonary.	Total.	Class T.B. minus.	Class T.B. plus.	Non-pulmonary.	Total.	Class T.B. minus.	Class T.B. plus.	Non-pulmonary.	Total.	Class T.B. minus.	Class T.B. plus.	Non-pulmonary.	Total.	Class T.B. minus.	Class T.B. plus.	Non-pulmonary.	Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
(a) Remaining on dispensary register on 31st December.	Disease arrested—	Adults	M.	37	14	—	51	10	8	1	9	6	—	—	6	18	2	—	—	18	4	1	2	7	5	4	4	13	3	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

OAKWOOD HALL SANATORIUM.

This institution, which is situated about $1\frac{1}{2}$ miles south-east of Rotherham, at a height of 377 feet above sea level, accommodates 100 patients. Men, women and children suffering from all types of tuberculous lesions are treated, the majority being pulmonary cases. In addition, cases in which the diagnosis is doubtful are admitted for observation.

The men, women and children are accommodated in different blocks, each of which comprise 8 cubicles for two persons and 2 wards for 8 persons. The children's block also contains 4 single cubicles, a duty room, and the ultra-violet light room. Each block has a small service kitchen which in the two adult blocks has to serve also as a duty room, a most inconvenient procedure. The blocks also lack linen rooms, the block linen having to be arranged and stored in the Home.

The home, or administrative block, is situated centrally and contains the staff rooms, offices, the kitchen, X-ray, the dispensary (which also acts as a plaster room, laboratory, sorting room for crockery, waiting room for patients, and has several other uses). Since writing the last report, in which attention was called to the overcrowding of staff in the home, plans have been passed for a new nurses' home, and arrangements made to accommodate the assistant medical officer in the present buildings. The kitchen is also to be extended and improved.

During the year the room previously used by the patients as a billiard room, was converted into a dining room for the maids, and the old conservatory was decorated, divided into two by a sliding partition, and is now used by male and female patients as their recreation rooms. The men's recreation room contains the billiard table and several card tables and chairs. The women's recreation room is small, but has proved sufficient for present needs. It is furnished with green wicker chairs, bentwood chairs, and a small glass topped table, and contains a piano. These alterations have proved a great boon to patients and staff.

The schoolroom, children's dining and recreation rooms, and adult patients' dining room are housed in another building. During the year the old patients' dining room was decorated and the windows enlarged, and the room again used for the adult patients. The room, which was formerly in use as a common dining room for all patients, is now used solely for children.

The superintendent's house was decorated externally and to a great part internally.

No other alterations or additions to the present buildings were carried out during the year, nor were any alterations made to the grounds or gardens.

144 borough cases were admitted during the year, while 130 were discharged and 10 died. Details are given below :—

Number of patients in hospital.				1/1/34	Admitted.	Dis-charged.	Died.	31/12/34
Observation cases.	Adults.	M.	...	—	12	12	—	—
		F.	...	—	8	8	—	—
	Children		...	—	9	7	—	2
	Total	...	...	—	29	27	—	2
Accepted cases.	Adults.	M.	...	26	33	33	4	22
		F.	...	19	31	32	6	12
	Children		...	18	51	38	—	31
	Total	...	...	63	115	103	10	65
Grand total				63	144	130	10	67

Of the 27 suspicious cases discharged, the presence of tuberculosis was found in 7 cases and its absence proved in 18 cases. 2 cases left after only a few days in hospital and before a definite diagnosis was arrived at.

Diagnosis on discharge from observation		For pulmonary tuberculosis.						For non-pulmonary tuberculosis.						Totals		
		Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
		M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch
Tuberculous	...	—	1	—	2	—	3	—	—	1	—	—	—	2	1	4
Non-tuberculous	...	2	1	—	6	5	3	—	—	—	—	1	—	8	7	3
Doubtful	...	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Totals	...	4	2	—	8	5	6	—	—	1	—	1	—	12	8	7

The immediate results of the treatment of definitely tuberculous patients discharged from the sanatorium during the year are given in the following table:—

Classification on admission to the institution.		Condition at time of discharge.	Duration of residential treatment in the institution.															Grand totals.
			Over 28 days and under 3 months			3—6 months.			6—12 months.			More than 12 months.			Totals.			
			M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	
PULMONARY TUBERCULOSIS.	Class 'TB minus.	Quiescent ...	—	—	—	1	—	3	2	—	1	—	—	—	—	—	—	7
		Not quiescent ...	4	2	3	5	5	3	4	4	4	—	—	—	13	11	10	34
		Died in institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class 'TL plus Group 1.	Quiescent ...	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
		Not quiescent ...	—	—	—	1	—	—	—	1	—	—	—	—	1	1	—	2
		Died in institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class 'TB plus Group 2.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent ...	—	1	—	1	—	—	1	2	—	2	3	—	4	6	—	10
		Died in institution ...	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
	Class 'TB plus Group 3.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent ...	2	—	—	1	1	—	4	1	—	2	1	—	9	3	—	12
		Died in institution ...	—	1	—	—	2	—	1	1	—	—	2	—	1	6	—	7
NON-PULMONARY TUBERCULOSIS.	Bones and joints.	Quiescent ...	—	—	1	—	—	—	—	—	—	—	1	—	—	2	2	
		Not quiescent ...	—	—	2	—	—	1	—	1	1	—	1	—	2	4	6	
		Died in institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Abdominal.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	
		Died in institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other organs.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Peri-pheral glands.	Quiescent ...	—	—	—	—	1	1	—	—	—	—	—	—	1	1	2	
		Not quiescent ...	—	—	3	—	—	2	—	—	—	—	—	—	—	5	5	
		Died in institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

GENERAL TREATMENT.—This continued along the well proven lines described in previous reports.

PNEUMOTHORAX.—This adjuvant to treatment has definitely proved its value by now, and confidence in its worth seems to have become established amongst the patient population, so that little difficulty is experienced in advising patients to undergo the treatment. Unfortunately only a comparatively small number of patients are suitable cases for this treatment—certainly less than ten per cent. Care in selecting cases seems all important, and despite the liability to various complications, all the cases in which collapse was obtained have been greatly improved.

The patients are discharged when they appear fit, and attend the sanatorium at intervals of 2-3 months for refills.

OTHER OPERATIVE TREATMENT.—Phrenic evulsion was advised in three cases and the operation carried out at the General Hospital. The results were not quite so good as was expected. One case did not seem to benefit, and the other two were only slightly improved. One West Riding patient was advised to have a thoracoplasty. This was done by the thoracic surgeon to the West Riding Tuberculosis Department, who agreed as to the suitability of the case. Unfortunately the patient died of a post-operative complication.

GOLD THERAPY.—This is employed in cases considered suitable—one of the intra-muscular preparations being generally employed. Its value is difficult to assess. We have met with no complications, and all the cases treated, except one case who had intestinal tuberculosis complicating the lung disease, have improved, but whether as a result of the gold therapy or the general routine treatment is difficult to say.

ULTRA-VIOLET RAY THERAPY.—This is used in children and in adults suffering from non-pulmonary tuberculosis. Its effect is in the nature of a general toning of the system, except in cases of skin tuberculosis when, applied directly with the Kromayer lamp, great improvement is wrought locally.

RADIOLOGY.—The plant in use continues to give satisfactory service, and the work done in this department continues to increase. During the year 741 films were exposed, an increase of 50 per cent. in the figure for 1933. The number of examinations was 648, 368 of which were in connection with dispensary patients and 280 in connection with in-patients. The Borough in-patient X-rays numbered 188 and the West Riding 92.

As many patients who are examined at the dispensary are admitted to the sanatorium in a very short time, a preliminary X-ray examination of such patients on admission is rendered superfluous, hence the figure indicating the number of films exposed in connection with in-patients would be considerably increased if the films taken immediately before admission were added.

TUBERCULIN.—This is used as a routine in the form of the Mantoux test as an aid to the diagnosis of all doubtfully tuberculous cases. Dr. Tattersall's recent work in Leeds, which showed that a higher percentage of adults were negative to tuberculin than was generally supposed, has shown that the test is of not inconsiderable value in adults. This has been our experience also.

Tuberculin has not been used in treatment.

RECREATION.—The alterations to the patients' recreation room have been reported. The wireless set installed in 1933 has given most satisfactory results to patients and staff.

Outdoor recreation facilities, as in former years, included bowls, putting, and croquet; and billiards, cards and other indoor games proved popular to while away the winter evenings.

The library continues to be a great boon to the patients, and the excellent set of volumes chosen in collaboration with Mr. F. J. Boardman, the Chief Librarian, have been in great demand. Mrs. Eyre is our librarian, and she reports that only six volumes have so far reached the condemning stage. This speaks well for the care with which they are used.

THE SCHOOL.—The following is the report of the teacher, Mrs. Eyre.

“76 children were admitted to the school during 1934, 36 boys and 40 girls; 9 were re-admissions. Of the total there were 21 unable to read or write.

The Brownies continue to prove a non-failing delight to the girls, especially to those confined to bed. The High School Brownies remembered us from time to time during the year, and at Christmas every Oakwood Brownie received a parcel of books and toys from them. A Guide Company is being formed for older girls, and this has an encouraging effect on the Brownies who stay with us for a longish period. We have been presented with a sewing machine, and we hope to fit up the recreation room as a permanent camp, where Guides can keep their equipment and where they can hold their weekly meetings and have demonstrations in house-craft, cookery, handicrafts, and such things as make for useful women in the future.”

EXTENSION OF DISPENSARY AND SANATORIUM SERVICES.

In the following notes suggestions are put forward for an extension of the services offered by the dispensary and sanatorium. That these should be very seriously considered and acted on is supported by the fall in tuberculosis morbidity, not only experienced locally but throughout the whole country.

THE DISPENSARY AS THE MUNICIPAL CHEST CLINIC.

1. The dispensary is already essentially the municipal centre for the diagnosis of chest diseases. More non-tuberculous new cases are sent for diagnosis than those which prove on investigation to be tuberculous. These cases are not merely reported as non-tuberculous, but a provisional diagnosis of the actual disease is made in every case and the medical practitioner informed.

2. The general practitioner occasionally finds it difficult to persuade a patient to attend the tuberculosis dispensary; the word "tuberculosis" to a large proportion of the lay population conjures visions of a terrible and fatal disease. The patients, who may be very slight cases, often postpone their visit to the dispensary until they definitely find themselves deteriorating in health. By this time the disease may have taken root and become difficult or impossible to eradicate; it may have become the terrible disease they were afraid of months before. It is well known, however, that many early cases of tuberculosis run a particularly benign course, and are amenable to permanent cure. Again it may be inadvisable in some cases to tell the patient tuberculosis is even suspected, until its presence or absence is definitely proved, and this could be more easily done at a chest clinic.

3. A certain amount of stigma is still related to the disease "tuberculosis" and some of this stigma may attach itself to those who attend the dispensary. The unfortunate patient who returns to work may find himself the object of some coolness and suspicion from his fellow workers and employers, or may even find his job given to another. Difficulties and unpleasantness have been known to ensue to patients in whom no tuberculosis was found, simply because they had visited the tuberculosis dispensary.

By changing the name to the "Chest Diseases Clinic" or similar name, the public would soon realise that every person who attended was not necessarily tuberculous. Much of the stigma of the disease is due to the awe with which it is regarded, and by putting it on a plane with other chest diseases, this tuberculophobia would be dispelled.

THE SANATORIUM AS THE MUNICIPAL CHEST HOSPITAL.

1. Difficulty is being experienced by many tuberculosis officers in keeping the beds in sanatoria full, owing to lack of patients. The end to which we began to strive 25 years ago by the commencement of a national campaign against tuberculosis has come appreciably nearer.

The following table shows the drop in the number of cases diagnosed at the dispensary as tuberculous during the last ten years, divided into 5 year periods:—

1925	...	...	196	Average	1930	...	...	76	Average
1926	...	...	171	per	1931	...	...	96	per
1927	...	...	172	annum	1932	...	...	104	annum
1928	...	...	141	156	1933	...	...	119	94
1929	...	...	99		1934	...	...	73	

In the first five year period the number of new cases only once fell below 140—a number never exceeded in the second 5 year period.

The fall in death rate from this disease has been remarkable, and may possibly be taken as another indication of lessened frequency. There is every reason to suppose that both the mortality rate and the morbidity rate will continue to fall for some time.

It therefore seems as though several beds will become vacant at Oakwood Hall Sanatorium, and it is suggested utilising these beds for the treatment of various non-tuberculous diseases which would undoubtedly be benefited by sanatorium regime. These are chronic respiratory and chronic cardiac diseases.

2. The recognition of Oakwood as something more than a sanatorium—a chest hospital—will go far to remove the stigma of tuberculosis cast on its ex-patients. As mentioned in connection with the dispensary notes, this often leads to difficulties with employers, and in some cases applies to non-tuberculous patients. Oakwood should be officially recognised as a “Hospital for Diseases of the Chest,” and the word sanatorium should be discarded as implying the treatment of tuberculosis only.

3. As will be mentioned, Oakwood is adequately equipped for observation and investigation of early stages of various chest diseases when the diagnosis is still obscure, and its situation is ideal for the treatment of chronic pulmonary and cardiac diseases.

In the following a summary is made of (a) the facilities for observation of cases and (b) the treatment of cases at Oakwood Hall Sanatorium.

(a) OBSERVATION OF CHEST DISEASES.

The observation of chest diseases required for an accurate diagnosis is often very prolonged and painstaking. It is for this reason, therefore, that the sanatorium would be a suitable institution for such a purpose, providing continuity of observation with modern technical methods. The following would be available :—

1. CLINICAL EXAMINATION.

Under Medical Officer with special experience of chest diseases.

2. RADIOLOGY.

Including special tests such as bronchography with lipiodol and artificial pneumothorax (diagnostic).

3. LABORATORY EXAMINATION OF MORBID EXUDATES, ETC.

Sputum, blood, and pleural effusions.

Laboratory of Sheffield University available for special tests and examinations.

4. LARYNGOSCOPY AND BRONCHOSCOPY.

Examination of upper respiratory tract. The appointment of an Ear, Nose and Throat Surgeon as consultant is advisable.

5. OTHER SPECIAL TESTS.

Tuberculin, allergic, blood sedimentation, Wassermann.

(b)

TREATMENT OF CHEST DISEASES.

In most chest diseases, whether pulmonary or cardiac, there is some impairment of the blood oxygenating mechanism of the body—for blood oxygenation depends equally on the function of both the cardiac and respiratory systems.

“Sanatorium” treatment, by placing the patient in hygienic surroundings will not only add materially to his personal comfort, but will, by raising his general health, increase his resistance to chronic infective processes, such as chronic bronchitis, bronchiectasis, etc. The purer atmosphere will benefit both pulmonary and cardiac cases. The cases which one can reasonably expect to benefit are the following :—

1. CHRONIC BRONCHITIS. Almost any case of chronic bronchitis will improve to some extent with sanatorium treatment ; some improve very considerably, as has been proved with those who have been admitted to the sanatorium as suspected cases of pulmonary tuberculosis, and who have been found to be suffering from chronic bronchitis.

In view of the frequency of this disease, it would be necessary to strictly limit admission to cases that would be expected to materially and permanently benefit, e.g. cases occurring after measles or whooping cough in children and which persist in spite of home treatment ; cases occurring in children suffering from malnutrition ; and cases occurring in adults, previously healthy, in which the underlying cause is removable.

2. BRONCHIECTASIS. Practically all cases benefit in quite a short time in the sanatorium. Many have been discharged without cough or sputum. Some cases are suitable for surgical treatment, and, after thorough investigation at Oakwood, the appropriate treatment would be advised.

3. **ASTHMA.** Most cases benefit by the general tonic effect of restful treatment in the hygienic rural surroundings provided at Oakwood. Cases that appear to be of an allergic nature could be suitably investigated and desensitized. Examination of the upper respiratory tract may reveal some exciting cause, the removal of which would cure the condition.

4. **LUNG ABSCESS.** Several such cases have been admitted to Oakwood for observation, and practically all have improved. Some were cured without any additional treatment, and some were improved in general condition before being transferred to the General Hospital for operative treatment. Oakwood would be a very suitable hospital for the post-operative treatment of these cases.

5. **EMPHYSEMA.** The post-operative stage of treatment requires graduated exercise under hygienic conditions and could be suitably controlled at Oakwood.

6. **HEART DISEASE.** The type of case admitted would be the child (occasionally the adult) whose heart was crippled by acute rheumatism, and who would be expected to improve with prolonged rest and later carefully graduated exercises in the open air.

The foregoing remarks will show the wide field from which could be gathered non-tuberculous cases that would **materially** benefit by sanatorium treatment.

RECOMMENDATIONS.

1. The Tuberculosis Dispensary in Frederick Street should be known as the "Chest Diseases Clinic."

2. It is suggested that vacant beds occurring at Oakwood Hall Sanatorium be used for the observation and treatment of chronic respiratory and cardiac disease, only such cases being admitted as would be likely to materially and permanently benefit.

It will be understood that tuberculous cases would have priority of admission to Oakwood.

3. Following the adoption of the previous suggestion the sanatorium should become known as "Oakwood Hospital for Diseases of the Chest."

ALMA ROAD HOSPITAL.

In the following extract from T. 145 of the Ministry of Health, the position with regard to the number of beds available for the treatment of tuberculosis in the Alma Road Hospital as on 31st December, 1934, is given. For pulmonary

cases there are 14 beds for adults ; and for children under 15 years of age and non-pulmonary cases there are no definite beds provided, but the patients are nursed in the general wards.

The following table shows the number of patients treated in the hospital during the year who were chargeable to the Rotherham County Borough Council :—

Number of patients in hospital.				1/1/34	Admitted.	Discharged	Died.	31/12/34
Pulmonary cases.	Adults.	M.	...	3	14	8	8	1
		F.	...	3	8	5	3	3
	Children	...	...	—	3	1	2	—
	Total	...	...	6	25	14	13	4
Non-pulmonary cases.	Adults.	M.	...	1	5	3	2	1
		F.	...	—	2	2	—	—
	Children	...	...	—	4	2	1	1
	Total	...	...	1	11	7	3	2
Grand total				7	36	21	16	6

TUBERCULOSIS CARE COMMITTEE.

The fifth annual report of this important voluntary committee has already been published, but as its work is so intimately interlaced with the official tuberculosis work of the borough, the following extracts relating more or less to the general preventive scheme are given :—

During the year, 64 persons were assisted by the Committee, 50 cases receiving grants from the Corporation fund, 14 from the Voluntary fund. In all, 196 grants were made, and included :—

	Corporation fund.			Voluntary fund.		Total.
Milk	451½ gallons	152½ gallons	604 gallons
Eggs	3115	1086	4201
Meat	160 lbs.	8 lbs.	168 lbs.

During the Christmas period, not only the persons who were in receipt of assistance from the Committee but also the Borough patients in poor circumstances who were granted Christmas leave from the sanatorium were given grocery vouchers ranging from 5/- to 10/- according to their means. The Committee's action was greatly appreciated by the patients, who otherwise would have gone home to reduced circumstances after the good sanatorium fare.

Seven grants of underclothing were made to special cases in sanatorium or before their admission during the year.

Since the Committee came into existence, just over five years ago, 4693 gallons of milk, 24,221 eggs, $3212\frac{1}{2}$ lbs. of meat have been issued in grants.

As a result of the arrangement made during 1932 with the Public Assistance Committee, whereby they would accept the Tuberculosis Officer's certificate for grants of extra medical necessities (including extra nourishment) to cases in receipt of Public Assistance relief, the grants of extra nourishment and clothing made out of the Voluntary fund were greatly reduced.

Another pleasing feature of the year's working is to be able to record the fact that the Committee's car parks showed a profit for the first time. Parking fees amounted to £409 10s. 1d., whilst the expenditure amounted to £401 8s. 3d. leaving a profit of £8 1s. 10d. It is hoped that this is the turning point in this scheme and that from now onwards the Committee will be repaid for what has been spent in establishing the scheme during the difficult years of inauguration. During the middle of the year part of the Corporation Street Car Park land was given up, when the site for the new cinema was sold. At the same time as the erection of the cinema the Improvement and Properties Committee of the Corporation carried out works of repair and renewals at this car park, which included the surfacing of the site with concrete, a stone wall and railings designed in keeping with the Chantry Bridge, and a car park attendant's office. The Committee have now one of the finest car parks in the country, and the action of the Corporation in carrying out this work for the Committee's benefit is to be commended. The alterations to the park were completed just before Christmas, and the hours of opening were extended from 9.0 a.m. to 12.0 midnight. This extension, together with extended hours to 11.0 p.m. at the Crofts Car Park, made employment for an additional attendant.

Suggestions were made by the Committee to the Corporation for the provision of other car park sites in the centre of the town during the year, but no action was taken up to the year end. It is hoped that in the near future a site will be found to replace the unofficial Henry Street park, which has now been designated as a loading place for 'buses under the Road Traffic Act.

Towards the end of the year a scheme of period tickets was inaugurated by the Committee giving parking facilities at any of the Committee's parks at the following rates :—

1 year	...	...	...	...	...	£3	0	0
6 months	...	...	...	...	...	£1	15	0
3 months	...	...	...	...	...	£1	0	0
1 month	...	...	...	...	...		7	6

These charges give a good concession to the daily user of the car parks, but so far few car owners have taken advantage of the scheme. The ordinary parking fee of 4d. for four hours with an additional fee of 4d. for an additional period of 4 hours and the weekly ticket of 2/- remain as fixed in 1933. The above charges were put into operation at the Crofts Car Park in November in place of the collecting system. It can truthfully be said that the Committee's charges are among the lowest in the country.

During the year the personnel of the car park attendants was reviewed on three occasions, and in all, eight men were employed, four of whom were employed at the end of the year.

The year was one of continuous voluntary effort, money being raised by a concert, a collection in the various cinemas of the town, a garden fete at the sanatorium, the sale of Christmas seals, and donations.

SECTION VIII.

VENEREAL DISEASES.

During the year 1934 there were 8,963 attendances made by patients to the Venereal Diseases Centre, a decrease of 861 on the previous year, which was the highest attendance recorded. In the report for that year it was noted that the attendance figures appeared to have reached a peak and that further increase was scarcely to be expected. In the present year it is interesting to note that there has been a definite increase in syphilis cases attending, following the slight increase noted last year. In all, 27 more cases attended than in 1933. Corresponding with the increase of syphilis cases is the increase in the use of arsenobenzene compounds during the year. At the same time there is a distinct reduction in the intermediate treatment attendances for gonorrhoea, which may be due to a few cases carrying out treatment at home under supervision. The increase in the non-venereal cases noted last year was also maintained during 1934.

Among the cases of congenital syphilis it has been noted that cases are not presenting the old standard characteristics; this point is again confirmed this year. The first signs are often those of interstitial keratitis. The school medical officers are, of course, always on the watch for Hutchinson's teeth, etc., but these cases are very few and far between. The result of this is that unless there is a very accurate family history available, the first thing that happens is the manifestation of acute eye trouble. These cases are sent from the Ophthalmic Surgeon and do well under treatment, but in the worst cases there is always some scarring of the cornea which cannot be cleared up.

It is to be noted that no further changes in treatment have taken place and that the medical officer's sessions are still carrying full numbers. A suggestion for more intensive treatment, particularly of syphilis, might be welcomed by the patients, but could only be brought about by establishing daily medical sessions. The course of treatment for primary syphilis cases could be considerably shortened if patients could attend more than once a week. Under the present allocation of the medical officer's time this is at present impossible, but should be borne in mind in any future re-organisation.

A special clinic has been held in connection with the child welfare section with a view to discovering cases of congenital syphilis. Seven sessions were held during the year and 77 children were examined. These children were all picked out by medical officers and health visitors and were examined by the Venereal Diseases Medical Officer at the special clinic. It is hoped that this course will help to find the cases which later might develop serious eye troubles, etc. As soon as possible any doubtful cases have a Wassermann reaction taken and, if necessary, are passed on to the venereal diseases centre.

In the following table is given the return relating to all persons who were treated at the Rotherham centre during the year ended 31st December, 1934.

	Syphilis		Soft chancre		Gonorrhoea		Con- ditions other than venereal		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tot.
1. Number of cases on 1st January under treatment or observation ...	50	39	—	—	33	18	9	9	92	66	158
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection ...	5	7	—	—	10	7	—	—	15	14	29
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under item 4) suffering from :—											
Syphilis, primary ...	4	2	—	—	—	—	—	—	4	2	6
,, secondary ...	1	—	—	—	—	—	—	—	1	—	1
,, latent in 1st year of infection ...	14	5	—	—	—	—	—	—	14	5	19
,, all later stages ...	5	—	—	—	—	—	—	—	5	—	5
,, congenital ...	6	5	—	—	—	—	—	—	6	5	11
Soft chancre ...	—	—	—	—	—	—	—	—	—	—	—
Gonorrhoea, 1st year of infection ...	—	—	—	—	45	7	—	—	45	7	52
,, later ...	—	—	—	—	15	1	—	—	15	1	16
Conditions other than venereal ...	—	—	—	—	—	—	48	35	48	35	83
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other centres for the same infection ...	4	—	—	—	10	1	—	—	14	1	15
TOTALS OF ITEMS, 1, 2, 3 AND 4	89	59	—	—	113	34	57	44	259	137	396
5. Number of cases discharged after completion of treatment and final tests of cure (see item 15) ...	3	—	—	—	31	3	47	35	81	38	119
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from :—											
Syphilis, primary ...	7	2	—	—	—	—	—	—	7	2	9
,, secondary ...	—	1	—	—	—	—	—	—	—	1	1
,, latent in 1st year of infection ...	6	2	—	—	—	—	—	—	6	2	8
,, all later stages ...	5	3	—	—	—	—	—	—	5	3	8
,, congenital ...	6	12	—	—	—	—	—	—	6	12	18
Soft chancre ...	—	—	—	—	—	—	—	—	—	—	—
Gonorrhoea, 1st year of infection ...	—	—	—	—	22	16	—	—	22	16	38
,, later ...	—	—	—	—	6	2	—	—	6	2	8

	Syphilis		Soft chancre		Gonorrhoea		Con- ditions other than venereal		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tot.
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure (see item 15)	1	—	—	—	7	2	—	—	8	2	10
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners	2	—	—	—	6	—	—	—	8	—	8
9. Number of cases remaining under treatment or observation on 31st December	59	39	—	—	41	11	10	9	110	59	169
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 ... (These totals should agree with those of items 1, 2, 3 and 4)	89	59	—	—	113	34	57	44	259	137	396
10. Number of cases in the following stages of syphilis included in item 6 which failed to complete one course of treatment :—											
Syphilis, primary	—	1	—	—	—	—	—	—	—	1	1
„ secondary	—	1	—	—	—	—	—	—	—	1	1
„ latent in 1st year of infection	2	1	—	—	—	—	—	—	2	1	3
„ all later stages	2	—	—	—	—	—	—	—	2	—	2
„ congenital	1	2	—	—	—	—	—	—	1	2	3
11. Number of attendances :—											
(a) for individual attention of the medical officers	1222	661	—	—	1040	269	204	297	2466	1227	3693
(b) for intermediate treatment, e.g., irrigation, dressing	4	49	—	—	4282	472	248	215	4534	736	5270
TOTAL ATTENDANCES	1226	710	—	—	5322	741	452	512	7000	1963	8963
12. In patients :—											
(a) Total number of persons admitted for treatment during the year	—	2	—	—	—	2	—	2	—	6	6
(b) Aggregate number of “in-patient days” of treatment given	—	27	—	—	—	25	—	19	—	71	71
13. Number of cases of congenital syphilis in item 3 above classified according to age periods and areas.	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
(a) Rotherham cases... ..	—	—	—	—	2	1	1	—	3	1	
(b) Other areas	1	2	—	—	—	1	2	1	3	4	
Total	1	2	—	—	2	2	3	1	6	5	

	Arsenobenzene compounds	Mercury	Bismuth		
14. Chief preparations used in treatment of syphilis :—	Stabilarsan Sulphostab.		Bisantol. Quinostab. Bisglucol		
(a) Names of preparations		—			
(b) Total number of injections given (out-patients and in-patients)	352	—	783		
15. Are the tests recommended in Memo. V21 as amended by Memo. V21A followed in deciding as to the discharge of the patient after treatment and observation for syphilis and gonorrhoea ?	Yes, except in gonorrhoea.				
If not, in what way are they modified ?	No complement fixation test made.				
	Microscopical		Serum tests		
	For spirochetes	For gonococci	Wassermann	Others for syphilis	For gonorrhoea
16. Pathological Work :—					
(a) Number of specimens examined at and by the medical officer of the treatment centre	—	201	—	—	—
(b) Number of specimens from patients attending at the centre sent for examination to an approved laboratory	—	—	144	—	—

The following is a statement of new cases attending the treatment centre during the year, classified according to the areas in which the patients resided:—

Name of County or County Borough in which patients resided.	Rotherham C.B.	Yorkshire W.R.C.C.	Derbyshire C.C.	Lincs. (Holland) C.C.	Nottinghamshire C.C.	Rutlandshire C.C.	Warwickshire C.C.	Bristol C.B.	Doncaster C.B.	Hull C.B.	Leeds C.B.	Manchester C.B.	Nottingham C.B.	Sheffield C.B.	Total.
Number of cases in items 3 and 4 from each area found to be suffering from :—															
Syphilis	16	27	—	—	—	1	—	—	—	1	2	—	—	—	47
Soft chancre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gonorrhoea	41	28	1	1	1	1	1	1	—	—	1	1	1	1	79
Conditions other than venereal	36	45	—	—	—	—	—	—	1	—	1	—	—	—	83
Total	93	100	1	1	1	2	1	1	1	1	4	1	1	1	209

The services rendered at the treatment centre during the year, classified according to the areas in which the patients resided, are shown in the following table :—

Name of County or County Borough in which patient resided.	Rotherham C.B.	Yorkshire W.R.C.C.	Derbyshire C.C.	Lincs. (Holland) C.C.	Nottinghamshire C.C.	Rutlandshire C.C.	Warwickshire C.C.	Bristol C.B.	Doncaster C.B.	Hull C.B.	Leeds C.B.	Manchester C.B.	Nottingham C.B.	Sheffield C.B.	Total.
Total number of attendances of all patients residing in each area	5617	3223	10	3	2	16	5	4	2	4	11	8	22	36	8963
Aggregate number of " in-patient days " of all patients residing in each area	42	29	—	—	—	—	—	—	—	—	—	—	—	—	71
Number of doses of arsenobenzene compounds given in the out-patient clinic and in-patient department to patients residing in each area	165	181	—	—	—	—	—	—	—	4	2	—	—	—	352

The following table presents a review of the statistics of the patients treated, and attendances at the centre, during the past five years :—

Year	1930.	1931.	1932.	1933.	1934
Number of persons attending who were suffering from :—					
Syphilis	119	116	115	121	148
Soft chancre	7	—	—	—	—
Gonorrhoea	185	147	172	144	147
Conditions other than venereal	72	71	54	76	101
Totals	383	334	341	341	396
Total out-patient attendances	9094	9116	9600	9824	8963
Total in-patient days	32	31	77	114	71

The pathological work performed during the past five years in connection with venereal diseases is summarised in the following :—

						For detection of			For Wassermann re-action.
						Spirochetes.	Gonococci.	Organisms. other	
Examinations of pathological material :—									
(a) Specimens which were examined at the Public Health Laboratory during the years :—									
1930	...	...	...	...	...	2	280	—	—
1931	...	...	...	...	...	—	171	—	—
1932	...	...	...	...	...	—	276	—	—
1933	...	...	...	...	...	—	311	—	—
1934	...	..	...	...	...	—	201	—	—
(b) Specimens from persons attending at the treatment centre which were sent for examination to an approved laboratory during the years :—									
1930	...	...	...	...	...	—	—	1	195
1931	...	...	...	...	...	—	—	—	180
1932	...	...	...	...	...	—	—	—	142
1933	...	...	...	...	...	—	—	—	121
1934	...	...	...	...	...	—	—	—	144

Besides the 144 tests for the Wassermann re-action which were sent from the centre, there were 310 tests for Wassermann re-action and 14 for gonococci sent to the Sheffield University Bacteriological Laboratory on behalf of local medical practitioners.

SECTION IX.

MATERNITY AND CHILD WELFARE.

MIDWIVES.

During 1934, thirty-seven midwives notified their intention to practise in the Borough under Section 10 of the Midwives Act, 1902. Of these, 20 were midwives in independent practice on the district, 14 were attached to the staff of the Alma Road Public Assistance Hospital, and 3 were in practice at the Ferham House Municipal Maternity Home.

One midwife died at the age of 80 during the year. She was an untrained woman of bona fide status and had retired from practice in 1932. There remains only one bona fide midwife on the list of women practising in the town.

The name of a local midwife was removed from the Midwives' Roll in July, a charge of negligence having been sustained against her. She was further prohibited by the Central Midwives' Board from attending lying-in women in any capacity.

Compensation has been paid to midwives in 15 instances in which hospital treatment has been deemed necessary.

Two midwives were suspended from practice during the year; one for 24 hours after being in contact, as a maternity nurse, with a case of puerperal pyrexia, and the other for 15 days after contact with a case of scarlet fever, and found to be carrying haemolytic streptococci. She was compensated for loss of cases during the period of suspension.

Dr. L. H. Copping, Medical Officer for Maternity and Child Welfare, was appointed inspector of midwives in January in place of Miss M. Rigby, health visitor. It was felt that with the gradual raising of the standard of work expected of midwives, inspection could best be made by some officer with higher technical qualifications and with a wider experience of midwifery than that of a health visitor not actively engaged in maternity work. Dr. Copping is the medical officer of the municipal maternity home and therefore a more able judge of the problems and difficulties of midwifery in general.

The statistics for 1934 are given in the following table :—

Certificate number.	No. of cases.	Infants born alive.	Stillborn.	Dead.	Died within 3 days.	Feeding. 1st month.		Ophthalmia.	Puerperal fever.	Puerperal pyrexia.	Pemphigus.	Mothers dead.	Illegitimate.	Twins.	Medical aid		
						Breast entirely.	Breast &/or artificial.								Ante natal.	Neo and post natal.	For infant.
57198	60	60	1	1	1	51	9	—	—	—	—	—	2	1	53	26	5
24756	29	29	1	1	—	22	7	—	—	—	—	—	1	1	1	3	1
71521	3	3	—	—	—	2	1	—	—	1	—	—	—	—	—	—	—
40344	67	67	—	1	—	59	8	—	—	—	—	—	2	—	21	45	6
3857	41	40	3	2	—	34	6	—	1	1	—	1	5	2	44	11	8
44515	73	74	—	4	3	60	14	—	—	1	—	—	5	1	105	31	18
40576	40	39	1	1	—	32	7	1	1	1	—	—	3	—	13	12	3
34006	35	35	—	1	1	31	4	—	—	—	—	—	—	—	47	21	16
64476	36	34	3	2	2	26	8	—	—	—	—	—	—	1	4	5	3
55602	5	5	—	—	—	5	—	—	—	—	—	—	—	—	—	1	—
74737	10	10	—	—	—	10	—	—	—	—	—	—	1	—	—	—	—
87602	4	4	—	—	—	4	—	—	—	—	—	—	—	—	—	1	—
66154	55	54	1	1	—	45	9	—	—	—	—	—	1	—	2	25	5
45089	25	24	1	—	—	22	2	2	—	—	—	—	—	—	31	19	3
78373	37	35	2	—	—	30	5	—	—	—	—	—	1	—	4	14	3
68427	8	7	1	—	—	6	1	—	—	—	—	—	1	—	2	1	1
69712	3	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
81229	3	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
88342	2	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
83759	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Total	537	529	14	14	7	448	81	3	2	4	—	1	22	6	327	215	72

A film display on the management of a normal labour was given in March. All midwives were invited to attend, and a good response was obtained. A commentary on the film was given by the inspector of midwives.

On the 18th July all midwives were notified of an outbreak of measles in the town and were asked to send notice of any case in which they came in contact with any infection. Five notices were received and the midwives were instructed regarding the disinfection of bags and clothing.

On 8th August a meeting of midwives was addressed by the inspector on the new rules of the Central Midwives Board scheduled to come into operation on October 1st. A copy of the rules was supplied to each midwife.

On 25th September practising midwives were notified regarding a case in which a woman, presumably post term, had been delivered of a stillborn foetus weighing $13\frac{1}{2}$ lbs. Midwives were instructed to obtain medical examination of all cases in which women carried beyond the calculated date of term.

On December 4th all midwives were informed of the provision made by the local authority for dental treatment of expectant mothers.

In 220 cases of district practice medical aid was summoned by the midwife taking the case. In some instances aid was required for several reasons, and the following table summarises the 614 causes for which medical aid was sought:—

PREGNANCY.									
Loss of blood	...	...	...	...	...	...	...	...	6
Excessive sickness	...	...	...	...	...	...	...	...	1
Dangerous varicose veins	...	...	...	...	...	...	...	...	13
Ante-natal examinations	...	...	...	...	...	...	...	...	286
Purulent discharge	...	...	...	...	...	...	...	...	9
Post term	...	...	...	...	...	...	...	...	5
Other causes	...	...	...	...	...	...	...	...	7

LABOUR AND LYING-IN.									
Malpresentation	...	...	...	...	...	...	...	...	17
Loss of blood	...	...	...	...	...	...	...	...	13
Ruptured perineum	...	...	...	...	...	...	...	...	48
Delay in labour	...	...	...	...	...	...	...	...	58
Raised temperature	...	...	...	...	...	...	...	...	10
Retained membrane and/or placenta	...	...	...	...	...	...	...	...	11
Subinvolution	...	...	...	...	...	...	...	...	43
Other causes	...	...	...	...	...	...	...	...	20

THE CHILD.									
Still-born	...	...	...	...	...	...	...	...	10
Dangerous feebleness	...	...	...	...	...	...	...	...	14
Inflammation of the eyes	...	...	...	...	...	...	...	...	15
Other causes	...	...	...	...	...	...	...	...	33

ANTE-NATAL CLINICS.

During the year 2,830 attendances were made at the three ante-natal clinics held in the Borough. The clinics were held at the following institutions :—

Institution.	Purpose of clinic.	Day and time of session.
Ferham House	Maternity Home cases	Wednesday 2.30 p.m.
Ferham House	District midwifery cases	Monday 2.0 p.m.
Alma Road Hospital	Maternity ward cases	Friday 2.0 p.m.

Detailed information respecting the individual clinics follows in the succeeding sub-sections. It is interesting to note that 777 expectant mothers attended these clinics during the year, which number represents 59.6 per cent. of the total notified births and still-births.

FERHAM HOUSE MATERNITY HOME ANTE-NATAL CLINIC.

During the year, 271 cases attended the ante-natal clinic which is run in conjunction with the Municipal Maternity Home.

The following table gives comparative figures for the past five years :—

Year.	Number who attended for the first time.	Number of examinations made.	Average attendance per session.
1930 ...	345	1009	20
1931 ...	290	1020	20
1932 ...	215	1046	20
1933 ...	209	1109	21
1934 ...	221	1145	22

In addition to the 221 new cases attending, 50 cases attended from the previous year, and of these cases 37 for various reasons were not delivered in the maternity home. 54 cases were attending at the end of the year.

DISTRICT ANTE-NATAL CLINIC.

Dr. Rachel Powell succeeded Dr. Mary Boyd as officer in charge of this clinic during the early part of the year.

There has been no change in the routine procedure. Dental treatment was made available to expectant mothers in December.

The following table indicates the work of the clinic during the year :—

Sessions held.	Number who attended for the first time.	Number of examinations made.	Average attendance per session.
48	Ante-natal ... 214	662	15.5
	Post-natal ... 13	46	
	Birth-control ... 11	21	
	Total ... 238	729	

Of the 238 cases who attended, 149 were referred by midwives, 22 by health visitors, 7 by medical practitioners, 10 from the child welfare centres, and the remainder attended of their own accord.

On December 31st the current register comprised

- 48 ante-natal cases.
- 11 post-natal cases.
- 25 birth control cases.

Following-up visits have been paid by health visitors to all cases within the three groups. The birth control cases were visited in order to obtain information in regard to what extent and with what success the advice given at the clinic was being carried out. The opportunity was also taken of advising patients to re-attend the clinic at regular intervals for observation of their technique to preclude the possibility of failure in practice due to faulty appliances or misapplication.

Of the 28 women who have sought birth control advice since the commencement of the scheme—

- 1 has left the town and no further report obtained.
- 1 failed to carry out the instructions and became pregnant.
- 2 were refused advice.
- 3 were advised *re* the husband's use of a preventative and no report on the success of this method has so far been obtained.
- 21 successfully carried out the instructions.

Post-natal activities at the clinic do not appear to have been very fruitful of result. There has only been time for one following-up visit to these cases, and lack of persuasion may have contributed to the poor result the scheme has achieved.

Lack of a definite link with a general hospital has also been prejudicial to successful conclusions in post-natal conditions found amongst the women attending for examination.

The following is a list of conditions found amongst the women attending :—

Uterine prolapse	...	...	...	...	...	6
Old tears, perineum and cervix	...	...	...	...	...	3
Retroverted uterus	...	...	...	...	...	2
Flooding	...	...	...	...	...	2
Sterility	...	...	...	...	...	2
Abdominal hernia	...	...	...	...	...	1
Prolapse of vaginal walls	...	...	...	...	...	1
Fibroid	...	...	...	...	...	1
Tumour	...	...	...	...	...	1
Lateral displacement	...	...	...	...	...	1
Cervical discharge	...	...	...	...	...	1
Inflammation of breast	...	...	...	...	...	1
Dental caries	...	...	...	...	...	1

In addition, 7 women attended who were doubtful if conception had occurred. In none of these cases was pregnancy established.

ANTE-NATAL CLINIC, ALMA ROAD HOSPITAL.

Sessions were held weekly at a clinic held in connection with the maternity ward of the above hospital, and 261 patients attended during the year, making 1,023 attendances in all.

FERHAM HOUSE MATERNITY HOME.

During the year 221 cases were admitted to the maternity home as compared with 248 in the previous year. Of this number, 183 were delivered, and the balance includes cases admitted and not confined at the end of the year, together with cases of "false" admission or cases requiring hospital treatment during the ante-natal period.

The statistics for the year 1934 are given in the following table :—

1 Number of beds	...	...	...	...	...	...	10
2 Number of cases admitted during 1934	...	...	...	...	...	...	221
3 Average duration of stay	...	...	...	...	...	...	12.6 days
4 Number of cases delivered by—							
(a) midwives	...	...	...	...	...	...	170
(b) doctors	...	...	...	...	...	...	13
5 Number of cases in which medical assistance was sought by							
the midwife in emergency	...	...	...	...	...	...	119
6 Number of cases notified as							
(a) puerperal fever	...	...	...	...	...	...	—
(b) puerperal pyrexia	...	...	...	...	...	...	2

7	Number of cases of pemphigus neonatorum	...	...	...	—
8	Number of infants not entirely breast fed while in the institution	...	...	...	3
9	Number of cases of ophthalmia neonatorum with result of treatment in each case	...	...	...	—
10	Number of maternal deaths	...	...	...	2
	(1) 1a. Collapse following P.P.H.				
	b. Adherent placenta No. P.M.				
	(2) 1a. A.P.H.				
	b. Partial placenta praevia with uterine inertia. No. P.M.				
11	(a) Number of foetal deaths				
	(i) stillborn	...	...	...	6
	(ii) within 10 days of birth	...	...	...	6

In addition to the daily visits of the medical officer, the Home was visited, weekly and as specially required, by Dr. Chisholm, the Obstetric Consultant.

During the year regular courses of lectures were given by Dr. Hallinan, the approved lecturer, to the pupil midwives attached to the staff, and all except one were successful in obtaining the certificate of the Central Midwives Board.

The maternity home is carrying on as in previous years, but it will be noted that figures are down for the year. Up to June it was fairly clear that more work was being done, but late in the month the greater part of the nursing staff developed attacks of tonsillitis and had to be suspended. The home was closed for a few days, till a skeleton midwife staff could be obtained. The tonsillitis cases were found to be carriers of haemolytic streptococci and were suspended till negative.

None of the patients showed a rise of temperature or any disquieting symptoms, and all completed a normal puerperium. The expecting patients (in number about 17) were personally visited by the medical officer on the day the home was closed and offered alternative accommodation at Alma Road Hospital.

This incident explains the drop in figures for the year although ordinary routine was resumed in seven days from the closure. Happily the incident passed without any suggestion of trouble, and one can only regret the inability to carry on without closing down. With a larger maternity unit this should easily be possible as more staff would be automatically available.

In dealing with emergency obstetrics the question of haemorrhage is an important factor and the use of blood transfusion as a method of treatment is at times urgently desirable. The possibility of a scheme of blood donors in Rotherham is worth considering, and arrangements could easily be made for the blood grouping of a donor rota on a volunteer or payment basis.

ALMA ROAD HOSPITAL.

The following table gives particulars for the year 1934 of the cases dealt with at the maternity ward of the Alma Road Hospital.

1	Number of beds	...	...	...	...	...	...	35
2	Number of cases admitted during 1934	...	...	...	...	...	...	285
3	Average duration of stay	...	...	...	...	...	...	14 days
4	Number of cases delivered by—							
	(a) midwives	...	...	...	...	...	...	230
	(b) doctors	...	...	...	...	...	...	43
5	Number of cases in which medical assistance was sought by the midwife	...	...	...	...	...	...	81
6	Number of cases notified as—							
	(a) puerperal fever	...	...	...	...	...	...	1
	(b) puerperal pyrexia	...	...	...	...	...	...	1
7	Number of cases of pemphigus neonatorum	...	...	...	...	...	...	—
8	Number of infants not entirely breast fed while in the institution							20
9	Number of cases of ophthalmia neonatorum with result of treatment in each case	...	...	...	...	...	...	—
10	Number of maternal deaths	...	...	...	...	...	...	7

Cause of death in each case.

1. Paralytic ileus.
Caesarian section.
Pregnancy (monstrosity).
2. Pulmonary embolism.
Concealed sub-placental haemorrhage.
Pregnancy.
3. Acute heart failure.
Caesarian section due to foetal deformity.
(Spina bifida and hydrocephalus).
Intro-uterine degenerations.
4. Puerperal fever.
Pregnancy.
5. Eclampsia following childbirth.
6. Eclampsia.
Ante-partum haemorrhage.
Pregnancy.
7. Cerebral haemorrhage.
Pregnancy.

11 Number of infant deaths—

(i)	stillborn	...	...	...	...	...	...	19
(ii)	within 10 days of birth	...	...	...	...	...	...	15

As from 1st October, 1934, the number of maternity beds was increased from 15 to 35.

NOTIFICATION OF BIRTHS ACT, 1907.

The following table shows the births notified under this Act :—

Births notified.								Live births.	Still births.	Total.
From institutions and by doctors	...	...	...	...	...	...	...	707	29	736
By midwives	...	...	...	...	...	...	...	533	17	550
By sundry persons	...	...	...	...	...	...	...	16	—	16
Total notified prior to registration								1256	46	1302

SUMMARY OF REGISTRARS' NOTIFICATIONS.

Births notified by registrars and								Live births.	Still births.	Total.
Attended by midwives	...	...	...	...	...	...	...	—	—	—
Born in institutions or attended by doctors	...	...	...	...	...	...	...	28	9	37
Total								28	9	37

HOME VISITING.

Reference was made in the 1933 report to the reorganisation of home visiting. This was achieved early in the year.

The Senior Health Visitor has been relieved of routine district work and now devotes her time to clinic attendance and to supervision and administrative duties.

The districts have been re-divided and each health visitor is responsible for the whole of the home visiting within her area.

The scheme of work has been so arranged that a quarterly visit is now paid to infants between the ages of 1 and 5 years and a visit at intervals of six weeks to infants under 1 year. Illegitimate children under 2 years are seen monthly, either at home or at the centre, and nurse children are visited in the home once a month. Cases needing more frequent supervision are seen as required. Tuberculous cases have been visited twice or thrice within the year, and mental defective cases have been seen quarterly.

With the assistance of a relief health visitor during the holiday period, this scheme of home visiting has been successfully carried out. All records of the current week's activities have been inspected by the Medical Officer for Maternity and Child Welfare each Saturday morning.

Elsewhere will be found a list of defects observed by health visitors together with a record of those which received correctional treatment. There is not yet sufficient time allowed in home visiting for the following up of defects in anything like a satisfactory manner. It must be remembered that the health visitor is often the first person to observe that things are not going well with the child. If she is efficient she must be capable of recognising certain deviations from the normal. She advises medical treatment, either from the family doctor or by attendance at the child welfare centres.

Therefore (in a number of cases) defects found amongst the children attending the centres would not have come within centre influence had it not been for the health visitors' persistence in persuading the mother that medical observation of the child was a necessity.

It is not sufficient that defects are diagnosed, and a grave responsibility accordingly devolves on the health visitor in seeing that treatment is obtained.

In the absence of a co-ordinated service, this can only be achieved by a close following up of all cases in which some defect is noticed.

Generally, it has been found that mothers are only too keen to do the best they can for the child, but there is a group of mothers, so apathetic, that only by repeated calls and reminders can they be made to do what is right; and most difficult of all is the actual child neglect case. Where neglect has been suspected, warning letters have been sent to the parents. This has been found to be the best method of obtaining improvement in the care and attention of individual cases. Cases of flagrant inattention have been referred to the N.S.P.C.C. It is hoped to maintain a closer surveillance of cases in this group during next year.

Health visitors have been particularly alive to the possibilities of underfeeding amongst the pre-school population. In the absence of a standard of nutrition it is impossible to make any definite assertions regarding the incidence of malnutrition. Where children have been found to be undersized, listless and pale, or unduly fretful, such cases have been urged to attend the centres for observation, milk assistance and medical adjuvants.

The general improvement in toddlers attending the centres for this purpose has been so marked that the health visitor experiences a sense of relief when toddlers of this group are enrolled as regular centre attenders.

The value of the centre to such children is very real, but it must be remembered that first contact is made by home visitation, and no further development of centre activities should be allowed to encroach on the time allocated to district work. Indeed, if development is contemplated, rather should it be on the home visiting side.

During the last half year a survey of crowded houses was made by the health visitors during ordinary routine visiting. The health visitors reported on houses in their regular routine list in which the circumstances of living were deplorable, and facts arising from the report clearly show that housing requirements should be based on family needs, in regard to sleeping provision and the separation of the sexes.

Special and immediate consideration should be given to families infected with tuberculosis. Can any work be more futile than teaching hygiene, and a right regard for public health, to a patient suffering from tuberculosis and known to be sharing his bedroom and even his bed with other members of the family?

Reasonable housing of these cases, and a guaranteed dietary sufficient to maintain adequate nutrition outside the sphere of the sanatorium, are urgent needs.

The home visiting of cases where the social factors are less than these appears to be largely a waste of time.

The following table shows the work done by the health visitors:—

Visits to :—

[illegible]

Enquiries in respect of:—

Medical aid (midwives)	290
Home helps	37
Milk grants	37
Philanthropic funds	47
Convalescent treatment	53

Attendances at:

Clinics, ante-natal	48
Light	174
Child welfare	553
Orthopædic	8
Special medical	8
V.D. clinics	93
V.D. intermediate treatment	93
Minor dressings performed	1116
Inspections of midwives	34
Special visits to midwives	39

Enquiries in respect of:—

Measles	786
Chicken-pox	14
Pneumonia	20
Whooping cough	29
Puerperal pyrexia.. .. .	4
Ophthalmia neonatorum.. .. .	4
Venereal disease	1
Mental defectives.. .. .	436
Crowded houses	144
Workshops.. .. .	12
Public lavatories	62
Escorting mental defectives	2
Visits in respect of tuberculosis	1823
Attendances at tuberculosis dispensaries	101
Total visits paid	31,721
Half day attendances at clinics	1,078
Dressings performed	1,116
Escorting duties	5
Number of visits to homes	26,019
Average number of visits to homes per health visitor	4,336

CHILD WELFARE CENTRES.

Centre activities have been increased by one extra medical session at Cranworth Road and by the inauguration of a special medical clinic to which cases suspected of congenital specific infection are invited to attend.

The centres have functioned on much the same level as in previous years, as will be seen from the following table.

					Ferham House.	Cranworth Road.	Thorpe Hesley	Total
Number of sessions held	...	...	...	...	99	99	25	223
New cases enrolled during the year :								
Under 1 year	...	...	...	...	319	502	21	842
Over 1 year	...	...	...	...	99	111	8	218
Cases brought forward from previous years and enrolled during the year :								
Under 1 year	...	...	...	...	171	260	11	442
Over 1 year	...	...	...	...	586	622	28	1236
Total number of children attending during the year :								
Under 1 year	...	...	...	...	490	762	32	1284
Over 1 year	...	...	...	...	685	733	36	1454
Total attendances made :								
Under 1 year	...	...	...	...	3238	4914	220	8372
Over 1 year	...	...	...	...	3698	5306	212	9216
Average attendance per session	...	...	...	...	70	103	17	—
Average number of medical consultations per session					46	69	15	—

The total number of children registered at the child welfare centres at the end of the year was 4,511, comprising 660 under 1 year and 3,851 from 1 to 5 years of age. As the estimated pre-school population of Rotherham is 6,000 the above figure indicates that 75 per cent. of the total pre-school population have been enrolled at the centres.

The following table shows the attendances during recent years :—

Year.	Sessions held.	Infants attending		Total attendances
		Under 1 year.	1—5 years	
1926	150	2,186	2,351	9,580
1927	150	1,109	866	7,741
1928	173	1,159	1,062	11,438
1929	196	1,350	1,101	13,116
1930	200	1,359	1,246	16,295
1931	200	1,376	1,404	18,458
1932	216	1,444	1,532	20,022
1933	222	1,297	1,359	16,802
1934	223	1,284	1,454	17,588

As the birth rate locally is declining one would expect a decrease in the number of children attending the centres; since such does not obtain one can presume that the centres have a gradually widening influence.

The development of specialised clinics as the light, the orthopaedic, and the special medical, has resulted in sectionalised attendances which are not included in the 17,588 attendances for 1934.

The following table gives details of attendances at all clinics held on centre premises :—

				Children under 1 year.	Children 1-5 years.
Child welfare clinic	...	...	...	8372	9216
Ultra violet light clinic	...	...	...	96	2649
Orthopaedic clinic	...	...	...	2	44
Special medical clinic	...	...	...	10	98
Minor treatment clinic	...	...	...	214	744
Total	...	...	...	8694	12751
TOTAL ATTENDANCES					21445

Although no separate nutritional session has been established closer attention has been paid to nutritional factors. 326 children over the age of $1\frac{1}{2}$ years have been granted milk assistance on medical grounds, and approximately 15% of the infants attending have been granted free cod liver oil and/or Parrish's food to correct nutritional deficiencies.

It is consistently noticed amongst centre attenders that, where a child has been admitted to hospital, either for an infectious condition or for surgical treatment, there is a remarkable increase in the weight curve corresponding with the period of intern treatment. Whether this is directly associated with a more generous and better balanced diet during the period of indoor treatment, or whether rest, more space, and systematic management are the governing contributory factors, it is difficult to say, but the improvement is a fact which occurs with such regularity as to be worthy of more than passing notice. It almost suggests that the child in the home has not yet attained the right environment for full physical development.

There appears to be an increasing inability to breastfeed amongst the mothers attending the centres. A review of the dossiers of children born in 1933 and attending the centres shows that out of 842 records of feeding, 206 mothers failed to breastfeed up to one month, 458 failed before 3 months, and 600 infants were wholly or partly bottlefed before the age of 6 months.

Whilst agreeing in general with the precept that "human milk is the best food for the young of human kind" after practice amongst the impoverished women attending the centres one is forced to add a proviso to that doctrine of "only when the mother is of a reasonable nutritional standard and free from stress."

There is a grave element of risk in exclusively pursuing the theory of breast-feeding amongst women attending the centres, and one has to resort to early supplementary feeding contrary though this may be to the generally accepted teaching.

DEFECTS AND THE PRE-SCHOOL CHILD.

During 1934 closer attention has been paid to the remedying of defects observed amongst the pre-school population.

A card index of defects diagnosed at centres was commenced in August, and cases have been followed up to encourage remedial treatment.

The following table will indicate the extent to which advice given at the centres since August has been acted upon.

Defect.	Treatment obtained.	Under observ- ation.	Arrange- ments pending.	No action by parents.	No report.	Total.
Anaemic and under sized	41	—	—	1	—	42
Birth injury	—	1	—	—	—	1
Blepharitis	9	—	—	—	—	9
Blocked tear duct	3	—	—	—	—	3
Chorea	2	—	—	—	—	2
Congenital defects	2	2	—	—	—	4
Conjunctivitis	10	—	—	—	1	11
Corneal opacities	—	1	—	—	—	1
Cough & chest conditions	6	—	—	—	1	7
Discharging eyes	4	—	—	—	1	5
Eczema	3	—	—	—	—	3
Eye strain	—	1	—	—	—	1
Fits	—	1	—	—	—	1
Heart condition	—	1	—	—	—	1
Hydrocele	—	3	—	—	—	3
Infantile paralysis	—	3	—	—	—	3
Inguinal hernia	—	—	—	1	—	1
Injuries	6	—	—	—	—	6
Inpetigo	16	—	—	—	2	18
Intertrigo	2	—	—	—	—	2
Mentally defective	—	4	—	—	—	4
Mumps	2	—	—	—	2	4
Naevus	10	—	—	—	1	11
Nasal discharge	3	—	—	—	—	3
Nasal obstruction	1	1	—	—	—	2

Defect.	Treatment obtained.	Under observ- ation	Arrange- ments pending.	No action by parents.	No report.	Total.
Ophthalmia	1	—	—	—	—	1
Otorrhoea	23	—	—	—	1	24
Phimosis	26 (20 by operation)	4	3	5	2	40
Pyrexia	1	—	—	—	1	2
Rheumatism	—	3	—	—	—	3
Rickets	33	6	1	10	—	50
Ringworm	2	—	—	—	1	3
Septic conditions ...	27	—	—	—	3	30
Snuffles	—	4	—	—	—	4
Squint	18	10	2	3	3	36
	Glasses 12					
Swollen glands	5	2	—	—	—	7
Tapeworm	1	—	—	—	—	1
Threadworms	12	—	—	—	5	17
Tonsillitis	3	—	—	1	2	6
Tonsils and Adenoids ...	6 (by operation)	9	2	—	2	19
Tuberculosis	—	—	2	—	—	2
Umbilical hernia ...	23	1	—	—	1	25
Undescended testes ...	—	2	—	—	—	2
Wry neck	2	—	—	—	—	2

Economic factors have necessitated many round about ways of obtaining treatment, particularly in the case of squint and conditions necessitating operative treatment.

Several cases of squint have been dealt with in the following manner :—

1. Observation by health visitor. Case referred to centre for observation. Family unable to afford private medical treatment.
2. Attendance at centre—case referred to hospital.
3. Recommend obtained from Council of Social Service.
4. Attendance at General Hospital. Specialist examination and prescription obtained.
5. Return to centre with prescription. Letter given to take to relieving officer *re* the obtaining of glasses as a medical requisite.
6. Attendance at the office of the relieving officer for the necessary order.
7. Glasses obtained.

That parents have pursued this round about method in order to obtain the requisite treatment for their child is a sufficient commentary on their desire to serve the child.

In regard to rickets it will be noticed that this is a defect in which parents have been least interested in the carrying out of instructions given. Since it has been determined that sunlight and vitamin D provide a specific prevention and cure of this disease, and since both these factors are available free to necessitous cases attending the centres, and at cost price to others, one is forced to the conclusion that each case occurring indicates neglect in the care of the individual child.

It is a fact that these cases occur in homes where, either from gross ignorance or low mentality, lack of interest or apathy, the wellbeing of the child is passively, if not actively, neglected.

The following is a list of defects not included in the previous table which were observed by health visitors in routine visiting and followed up so far as time would allow.

Defects.	Treated.	Untreated.	Total.
Dental	97	141	238
Eye conditions	45	5	50
Fits	2	—	2
Impetigo	14	—	14
Inguinal hernia	8	1	9
Mentally defective	—	—	4
Naevus	8	2	10
Otorrhoea	59	6	65
Phimosis	90	22	112
Rickets	185	36	221
Ringworm	2	—	2
Septic cord	16	—	16
Snuffles	4	—	4
Squint	39	30	69
Subinvolution in the mother	43	9	52
Threadworms	49	11	60
Tonsils and adenoids	39	58	97
Umbilical hernia	116	15	131
Undersized	44	9	53
? <i>re</i> sex	1	—	1
? midget	—	1	1
Others	333	58	391

In the above table the cases in the “treated” column includes such cases as are under observation by the family doctor.

INFANTILE MORTALITY.

The following table gives the details concerning infantile mortality :—

CAUSE OF DEATH.				Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total deaths under one year.
All Causes : certified ...				25	3	4	1	33	10	3	5	5	56
uncertified ...				1	—	—	1	2	—	—	—	—	2
Small-pox	...	...	...	—	—	—	—	—	—	—	—	—	—
Chicken-pox	...	...	...	—	—	—	—	—	—	—	—	—	—
Measles	...	...	...	—	—	—	—	—	—	—	—	1	1
Scarlet fever	...	...	...	—	—	—	—	—	—	—	—	—	—
Whooping cough	...	...	...	—	—	—	—	—	1	—	—	—	1
Diphtheria and croup	...	...	...	—	—	—	—	—	—	—	—	—	—
Erysipelas	...	...	...	—	—	—	—	—	—	1	1	—	2
Tuberculous meningitis	...	...	...	—	—	—	—	—	—	—	1	1	2
Pulmonary tuberculosis	...	...	...	—	—	—	—	—	—	—	—	—	—
Other tuberculous diseases	...	...	...	—	—	—	—	—	—	—	—	—	—
Meningitis (not tuberculous)	...	...	...	—	—	—	—	—	—	—	—	—	—
Convulsions	...	...	...	1	—	—	—	1	—	—	—	—	1
Laryngitis	...	...	...	—	—	—	—	—	—	—	—	—	—
Bronchitis	...	...	...	—	—	—	—	—	1	—	—	1	2
Pneumonia (all forms)	...	...	...	2	—	—	1	3	1	1	3	2	10
Diarrhoea	...	...	...	—	—	—	—	—	—	—	—	—	—
Enteritis	...	...	...	—	—	1	—	1	2	1	—	—	4
Gastritis	...	...	...	—	—	—	—	—	—	—	—	—	—
Syphilis	...	...	...	—	—	—	—	—	—	—	—	—	—
Rickets	...	...	...	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying	...	...	...	—	—	—	—	—	—	—	—	—	—
Injury at birth	...	...	...	2	—	—	—	2	—	—	—	—	2
Atelectasis	...	...	...	1	—	—	—	1	—	—	—	—	1
Congenital malformations	...	...	...	1	—	—	—	1	—	—	—	—	1
Premature birth	...	...	...	18	2	2	1	23	2	—	—	—	25
Atrophy, debility & marasmus	...	...	...	—	—	—	—	—	3	—	—	—	3
Other causes	...	...	...	1	1	1	—	3	—	—	—	—	3
Totals	...	...	...	26	3	4	2	35	10	3	5	5	58

Nett births in the year : legitimate infants ... 1144
 illegitimate infants ... 48

Nett deaths in the year : legitimate ... 57
 illegitimate ... 1

Infantile mortality rate per 1,000 births : legitimate ... 50
 illegitimate ... 21

The killing diseases of infancy tend more and more to be concentrated in two groups :—

1. Neo-natal conditions.
2. Respiratory conditions.

Of the 58 deaths under 1 year in 1934, 35 were due to the former and 12 to the latter. Neo-natal factors are therefore responsible for 60% of the infantile mortality.

The child welfare centre as a factor in the scheme for the combating of infant wastage can have little influence over neo-natal conditions, and it would also appear that we are approaching the limit of the scope of the health visitor as a direct factor in the reduction of the killing diseases of infancy.

It may be that the neo-natal deaths represent the irreducible minimum of infantile mortality, but we may not accept this as a doctrine of conclusion until we have exhausted all other means within our knowledge.

If we hope to ensure any further reduction we must concentrate more on the care of the expectant and parturient woman, not only in the interests of the mother who has hitherto been almost a secondary consideration, but also in the interests of the newly born.

Inattention at birth, neglect of ante-natal care, abortion, either accidental or deliberately sought, and venereal infection appear to be contributory factors, and the development of a co-ordinated maternity service with particular reference to adequate maternal nutrition is suggested as the best means of approach to a further reduction of infant mortality from neo-natal causes.

The following table gives details of neo-natal deaths in relation to maternal care at parturition.

The possibility of venereal infection has been investigated in only one instance.

NEO-NATAL DEATHS, 1934

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No.	Period of gestation.	Age at death.	History of pregnancy and delivery.	Cause of death.
1	Term.	3 weeks.	5th pregnancy. Had one miscarriage and 1 still birth. Mother very anaemic. Instrumental delivery at home.	Broncho pneumonia.
2	?	1 day.	Not known. Case taken by general practitioner in private maternity home.	Broncho pneumonia.
3	Term.	1 day.	18th pregnancy. General health poor. Heart ? systolic. B.B.A. Infant feeble at birth. Delivered at home.	Congenital atelectasis.
4	Term.	24 hours.	First pregnancy. Abnormal pelvic measurements. Twin birth. Duration 10½ hours. Delay in 3rd stage. Delivered at home. Taken by midwife with medical aid.	Congenital atelectasis.
5	34 weeks.	2 days.	1st pregnancy. Colour pale. Profuse vaginal discharge. Dermatitis. Oedema of ankles. Membranes ruptured before admission. Fully extended breech. Cord not pulsating when born to umbilicus. Blood stained froth from mouth of infant when born.	Congenital debility and prematurity.
6	36 weeks.	1 week.	9th pregnancy. 8th miscarriage. Small measurements. Normal delivery at home. Case taken by midwife with medical aid.	Prematurity.
7	36 weeks.	2 days.	1st pregnancy. Normal delivery at home. Case taken by general practitioner.	Cardiac failure.
8	30 weeks.	3 days.	3rd pregnancy. 1st miscarriage. Mother heart disease 3 years. Mitral. Oedema both feet. Normal delivery in hospital.	Deficient vitality.
9	Term.	12 days.	9th pregnancy. Normal delivery at home. Case taken by midwife. Child died in hospital.	Tentorial haemorrhage.
10	28 weeks.	3 days.	3rd pregnancy. Case taken by general practitioner at home.	Collapse. Haemorrhage from cord.
11	36 weeks.	1 week.	Not known. Case taken by general practitioner at home.	Congenital atelectasis.
12	30 weeks.	1 month.	2nd pregnancy. Normal delivery in hospital. Infant weighed 2.14/16 lbs.	Premature Birth.
13	Term.	1 month.	11th pregnancy. General health poor. Normal delivery in hospital.	Prematurity. No P.M.
14	30 weeks.	1 hour.	3rd pregnancy. 1 miscarriage. Sent into hospital in labour. A.P.H. Spontaneous delivery. P.P.H. Poor general condition. Infant weighed 2 lbs.	Congenital debility.
15	38 weeks.	20 days.	4th pregnancy. 2nd miscarriage. Albuminuria. Prolapsed hand. Version performed. Instrumental delivery. Taken by general practitioner at home.	Prematurity.
16	36 weeks.	3 days.	1st pregnancy. Normal twin delivery in hospital. Duration 24.55/60 hours.	Premature twin.
17	30 weeks.	3 days.	Not known. Case taken by general practitioner at home.	Convulsions.
				Prematurity.

No.	Period of gestation.	Age at death.	History of pregnancy and delivery.	Cause of death.
18	36 weeks.	23 hours.	6th pregnancy. 1 miscarriage. Twin birth. Uterine inertia.	Premature twin.
19	36 weeks.	14 hours.	Hydramnios. Case taken by midwife, with medical aid at home.	Premature twin.
20	30 weeks.	1 hour.	10th pregnancy. 2 miscarriages. 1 still birth. 2 died within 6 hours of birth.	Inanition.
21	36 weeks.	1 week.	B.B.A. Inquest. Subinvolution. Born at home.	Prematurity.
22	36 weeks.	3 weeks.	1st pregnancy. Normal delivery in hospital. Duration 13.40/60 hours. Weighed 5 lbs. 4 ozs.	Prematurity.
23	Premature.	7 hours.	1st pregnancy. Measurements small. Sent into hospital in labour. A.P.H. Subinvolution.	Convulsions.
24	36 weeks.	3 hours.	1st pregnancy. Vaginal discharge. W.R.—Normal delivery in hospital. Duration 11.40/60 hours. Weighed 6.2/16 lbs. Married late in pregnancy.	Prematurity.
25	?	3 days.	2nd pregnancy. 1st miscarriage. Emergency to hospital. Albuminuria. Eclampsia, 1 fit after delivery. Instrumental delivery, episiotomy.	Prematurity. Maternal eclampsia.
26	Term.	24 days.	Not known. Taken by general practitioner in private nursing home. Difficult labour.	Convulsions.
27	36 weeks.	1 day.	4th pregnancy. General condition poor. Normal delivery. Taken by midwife with medical aid, at home.	Difficult labour.
28	36 weeks.	2 days.	2nd pregnancy. Uterine inertia. Instrumental delivery. Taken by midwife with medical aid at home.	Broncho pneumonia.
29	30 weeks.	1 day.	3rd pregnancy. Normal delivery. Case taken by midwife at home.	Coryza. Inanition.
30	34 weeks.	2 weeks.	Not known. Case taken by general practitioner at home.	Small child.
31	Term.	1 day.	2nd pregnancy. Oedema of feet and ankles. Pus and albumin in urine. Hospital treatment 2 weeks. Normal delivery in hospital. Weighed 3½ lbs. Albuminuria. Private medical treatment. Obstructed labour. 1st pregnancy. Case taken by general practitioner at home.	Asthenia.
32	?	2 days.	Not known. Case taken by general practitioner at home.	Premature birth.
33	36 weeks.	2 days.	1st pregnancy. Twin birth. Normal delivery 6.44/60 hours. Delivered in hospital.	Jaundice. Prematurity.
34	36 weeks.	5 days.	3rd pregnancy. Normal delivery at home 10 hours. Subinvolution. Case taken by midwife with medical aid.	Cardiac failure.
35	38 weeks.	2 days.		Premature birth.
				Congenital debility.
				Prematurity.
				Circulatory failure following obstructed labour.
				Asthenia.
				Prematurity.
				Prematurity.
				Congenital atelectasis.

In regard to the bronchitis and broncho pneumonia group it is a fact that the calling in of medical aid is often delayed from financial considerations.

Early medical treatment and adequate nursing care are essential in all these cases, and it must be more readily accessible if a reduction in the mortality is to be achieved.

Were district medical officers available, either on the open panel system or otherwise, it is conceivable that earlier treatment would be obtained.

VOLUNTARY HELP.

During 1934 the voluntary helpers have continued their visits to the child welfare centres.

Twenty-five ladies attended in rotation on the four days weekly when clinics were held to serve tea to the mothers and to help in other ways. Gifts of flowers have been made to decorate centre premises.

ULTRA VIOLET LIGHT CLINIC.

The ultra-violet light clinic has continued on the same lines as previously detailed, no further extension to the scheme having been made, as with the present staff no further time or apparatus is available.

The following table gives particulars for the year :—

Number of sessions held	...	...	...	...	129
New cases :					
Under 1 year	...	...	...	...	12
Over 1 year	...	...	...	...	67
Total attendances :					
Under 1 year	...	...	...	...	96
Over 1 year	...	...	...	...	2649
Average attendance per session	...	...	...	...	21

MINOR TREATMENT CENTRES.

The minor treatment centres have again been staffed by health visitors. Although the extent of the work is very limited much time is wasted in preparation and clearing away of apparatus prior to the health visitor commencing her daily round of routine visiting. The inadvisability of health visitors carrying on this work has been commented upon in previous reports.

Of the 181 children referred to the centres for treatment, 164 actually attended and 906 separate treatments were given. The following list shows the defects treated :—

Discharging ears	...	...	...	...	...	53
Discharging eyes	...	...	...	...	...	45
Impetigo and eczema	...	...	...	...	...	18
Granulated umbilicus	...	...	...	...	...	13
Septic conditions	...	...	...	...	...	10
Burns and scalds	...	...	...	...	...	4
Ringworm	...	...	...	...	...	2
Others	...	...	...	...	...	5
						150

FREE AND ASSISTED MILK SCHEME.

The following table gives a statement of the working of the scheme during the year :—

					Cows' milk.	Dried milk.
Number of applications received	...	...	...	...	4476	2323
Number granted free	...	...	...	...	4104	2095
Number granted half cost	...	...	...	...	233	143
Number disallowed	...	...	...	...	139	85
Approximate quantity	...	...	...	...	14,652 gallons	12,596 packets
Approximate cost	...	...	...	...	£1,140	£899

Applications are renewed monthly.

Included in the above table is the amount of milk shown hereunder granted during the year under the transferred service from the Public Assistance Committee to the Maternity and Child Welfare Sub-Committee, in pursuance of the Local Government Act, 1929.

					Cows' milk.	Dried milk.
Number of applications received	...	...	...	...	1303	595
Number granted free	...	...	...	...	1253	567
Number granted half cost	...	...	...	...	47	27
Number disallowed	...	...	...	...	3	1
Approximate quantity	...	...	...	...	4,471 gallons	3,527 packets
Approximate cost	...	...	...	...	£347	£248

282 expectant mothers, 489 nursing mothers, 489 infants under 18 months, and 326 infants over 18 months received milk assistance during the year.

COD LIVER OIL.

The scheme for the free distribution of cod liver oil preparations as outlined in the report for the year 1932 has been continued during the year under review.

MUNICIPAL DEPOTS FOR THE SALE OF DRIED MILK, ETC.

During the year, at the two depots, 29,792 packets of dried milk products were sold or distributed under the assisted milk scheme. In addition, 113 gallons, 148 ozs. of cod liver oil emulsion, 131 gallons, 111 ozs. of pure cod liver oil, and 172 gallons, 69 ozs. of Parrish's food were similarly disposed of; 4504 lbs. of malt and cod liver oil products were also sold or given free.

CONVALESCENT HOME.

26 mothers with their babies were sent to the Yorkshire home for Mothers and Babies at Withernsea during the summer months. In two instances the mother contributed towards their maintenance whilst at the home.

HOME HELPS.

During the year 1934, 39 homes were attended by the home helps, who were employed on 709 days. The attendance is now limited to cases in which a certified midwife has been engaged to undertake the maternity nursing.

The extent of the scheme since its inauguration is summarised below :—

Year.	Number of homes attended.	Number of days on which home helps were employed.
1925 	17	244
1926 	18	275
1927 	52	938
1928 	50	956
1929 	47	763
1930 	47	946
1931 	49	958
1932 	59	1247
1933 	59	935
1934 	39	709

MATERNITY OUTFITS.

The maternity outfits supplied by the Stoddart Bequest have been in constant demand throughout the year. Each bag contains all the necessary clothing and dressings, etc., for the confinement, and the bags are completely sterilised before issue.

ORTHOPAEDIC SCHEME.

Number of clinics held	...	...	...	...	...	8
„ cases examined	...	...	...	...	...	35
„ examinations made	...	...	...	...	...	46
„ splints, etc., supplied	...	...	...	...	...	4
„ children who received indoor treatment	...	...	...	...	...	4
„ children who received massage	...	...	...	...	...	2

Two children were awaiting admission to the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside, at the end of the year.

SCHOOL ENTRANTS.

As in previous years, particulars of pre-school health and progress of infants have been submitted to the School Medical Officer.

CERTAIN DISEASES.

PUERPERAL FEVER :

Cases notified	...	...	...	...	...	...	3
Removed to Norton Hall	...	...	...	...	...	...	2
Deaths	...	...	...	...	...	...	1

One case had been previously notified as puerperal pyrexia.

PUERPERAL PYREXIA :

Cases notified	...	...	...	...	...	...	11
Treated at Ferham House	...	...	...	...	...	...	2
Treated at Alma Road Hospital	...	...	...	...	...	...	4
Treated at home	...	...	...	...	...	...	2
Removed to Norton Hall	...	...	...	...	...	...	3
Deaths	...	...	...	...	...	...	1

OPHTHALMIA NEONATORUM :

Cases notified	...	...	...	...	...	...	3
Nursed at home	...	...	...	...	...	...	3
Nursed by health visitors	...	...	...	...	...	...	1
Recovered	...	...	...	...	...	...	3
Vision impaired	...	...	...	...	...	...	—
Deaths	...	...	...	...	...	...	—

There are no blind children in the Borough under five years of age,

WHOOPIING COUGH :

Reliable statistics concerning this disease are unobtainable, as it is not notifiable. During the year 1 death was certified giving this disease as the cause.

DENTAL SCHEME.

With the appointment of a second full-time dental surgeon in April by the Education Authority, the scheme of dental treatment was extended so as to be available for women attending the ante-natal clinics and to patients attending the tuberculosis dispensary and undergoing sanatorium treatment.

The following table gives details of the patients treated.

	Atten- dances	Patients treated	Extrac- tions perm. teeth	temp. teeth	Fillin- gs perm. teeth	temp. teeth	Anaes- thetic local	gen.	Other opers.
Tuber- culosis	60	19	76	2	26	—	35	1	25
Mater- nity	16	12	26	—	5	—	8	5	9
Child Welfare	278	237	—	672	—	7	5	258	2
	354	268	102	674	31	7	48	264	36

REMOVAL OF CHILDREN.

Notices of removal of 200 children were sent to other authorities, and 110 notices of incoming children were received.

BOARDED-OUT CHILDREN.

Eleven children have been under inspection during the year and 116 visits have been paid.

The following table relates to the administration of Part I. of the Children Act, 1908, as amended by Part V. of the Children and Young Persons Act, 1932, for the year 1934 :—

I. Notification :—

- (i) Number of persons receiving children for reward on the register at the end of the year 11
- (ii) Number of children on the register :—
 - (a) at the end of the year 11
 - (b) who died during the year —
 - (c) on whom inquests were held during the year —

II. Visiting :—

- (i) Number of infant protection visitors holding appointments under Section 2 (2) at the end of the year :—
 - (a) Health visitors 1
 - (b) Female, other than health visitors —
 - (c) Male 2

- (ii) Number of persons (in addition to or in lieu of visitors under (i) above) or societies authorised to visit under the proviso of Section 2 (2) of the Act of 1908 ... 6 health visitors

III. Proceedings taken during the year :—

No. of cases.	Section of Act under which taken.
—	—

IV. Number of cases in which the Local Authority has given a sanction during the year :—

(i) Under (a) of Section 3 of the Act of 1908 ...	—
(ii) Under (b) of Section 3 of the Act of 1908 ...	—
(iii) Under (c) of Section 3 of the Act of 1908 ...	—
Total ...	—

V. Number of orders obtained during the year under Section 67 of the Act of 1932 :—

	From a justice.	From the Local Authority.
(i) Under (a) of Section 5 (1) ...	—	—
(ii) Under (b) of Section 5 (1) ...	—	—
(iii) Under (c) of Section 5 (1) ...	—	—
Totals ...	—	—
(i) From a court of summary jurisdiction ...	—	—
(ii) From a single justice ...	—	—

GENERAL.

The following is a general summary regarding maternity and child welfare :—

1. POPULATION OF THE AREA SERVED BY THE COUNCIL—68,900.

2. NUMBER OF BIRTHS NOTIFIED IN THAT AREA DURING THE YEAR UNDER THE NOTIFICATION OF BIRTHS ACT, 1907, AS ADJUSTED BY ANY TRANSFERRED NOTIFICATIONS :—

(a) Live births, 1256.	(b) Still births, 46.	(c) Total 1302.
(d) By midwives, 550.	(e) By doctors and parents, 752.	

3. HEALTH VISITING.

(i) Number of officers employed for health visiting at the end of the year :

(a) by the Council ...	7
(b) by voluntary associations ...	—

(ii) Equivalent of whole-time services devoted by the whole staff to health visiting (including attendance at infant welfare centres)—

(a) in the case of health visitors employed by the Council, ...	4 5/6
(b) in the case of health visitors employed by voluntary associations ...	—

(iii) Number of visits paid during the year by all health visitors :

(a) To expectant mothers	...	...	...	...	First visits	...	...	455
					Total visits	...	...	705
(b) To children under 1 year of age	...	...	...	...	First visits	...	...	1032
					Total visits	...	...	9144
(c) To children between the ages of 1 and 5 years	...	...	...	...	Total visits	...	...	17926

4. INFANT WELFARE CENTRES.

(a) Number of centres provided and maintained by the Council	...	...	...	...	3
(b) Number of centres provided and maintained by voluntary associations	...	...	...	...	—
(c) Total number of attendances at all centres during the year :					
(i) By children under 1 year of age...	...	...	...	...	8694
(ii) By children between the ages of 1 and 5 years	...	...	...	...	12751
(d) Total number of children who attended at the centres for the first time during the year, and who on the date of their first attendance were—					
(i) Under 1 year of age	...	...	...	...	842
(ii) Between the ages of 1 and 5 years,	...	...	...	...	218
(e) Total number of children who attended at the centres during the year and who at the end of the year were—					
(i) Under 1 year of age	...	...	...	...	660
(ii) Between the ages of 1 and 5 years	...	...	...	...	1838
(f) Percentage of total notified births represented by the number in (d) (i)	...	...	...	...	67

5. ANTE NATAL CLINICS (WHETHER HELD AT INFANT WELFARE CENTRES OR AT OTHER PREMISES).

(a) Number of clinics, including ante-natal clinics, provided at institutions transferred to the Council under Part I of the Local Government Act, 1929, provided and maintained by the Council	...	...	...	...	3
(b) Number of clinics provided and maintained by voluntary associations	...	...	...	...	—
(c) Total number of attendances by expectant mothers at all clinics during the year,	2830				
(d) Total number of expectant mothers who attended at the clinics during the year	777				
(e) Percentage of total notified births represented by the number in (d)	...	...	...	...	59.6

6. SUPPLY OF MILK AND FOOD.

Terms of supply.	Milk.			Other food.		
	Expectant mothers.	Nursing mothers	Children under 5 years of age	Expectant mothers	Nursing mothers	Children under 5 years of age
Free, or at less than cost price, in necessitous cases.	Yes	Yes	Yes	Cod liver oil and associated products and Parrish's chemical food.		
At cost price in other cases (e.g. sale of dried milk at centres).	Yes	Yes	Yes	Cod liver oil and associated products and Parrish's chemical food.		

7. MATERNITY HOMES AND HOSPITALS.

I.

	Separate maternity institutions provided by the Council.	Institutions (with maternity wards) transferred to the Council under Part I of the Local Government Act, 1929.	Institutions provided by voluntary associations.
Number of institutions ...	1	1	—
Number of maternity beds	10	35 beds 20 cots	—
Total number of women admitted to these beds during the year ...	221	285	—

II.

Number of women (if any) sent by the Council during the year to other maternity institutions, 1

8. HOMES AND HOSPITALS FOR SICK OR AILING CHILDREN UNDER 5 YEARS OF AGE.

I.

	Separate institutions provided by the Council for these cases.	Institutions (with accommodation for these cases) transferred to the Council under Part I of the Local Government Act, 1929.	Institutions provided by voluntary association.
Number of institutions ...	—	1	—
Number of beds provided for such children	—	36*	—
Total number of children admitted to these beds during the year	—	237	—

*These beds are available for children up to 10 years, but no beds specifically allocated to children under five years of age,

11.

Number of such children (if any) sent by the Council during the year to other institutions —

9. CONVALESCENT HOMES.

(a) Number of convalescent institutions with accommodation for expectant or nursing mothers or children under 5 years of age :	
(i) provided by the Council	—
(ii) provided by voluntary associations. The Rotherham Corporation have equipped two beds at the Yorkshire Home for Mothers and Babies, Withernsea.	
(b) Number of beds for such cases in convalescent institutions :	
(i) provided by the Council	2
(ii) provided by voluntary associations	—
(c) Total number of cases admitted to the beds included in (b) during the year ...	26
(d) Total number of such cases sent by the Council during the year to other convalescent institutions	—

10. HOMES FOR MOTHERS AND BABIES.

(a) Number of such homes :	
(i) provided by the Council	—
(ii) provided by voluntary associations	—
(b) Number of beds in homes :	
(i) provided by the Council	—
(ii) provided by voluntary associations	—
(c) Number of :	
(i) maternity beds (exclusive of isolation and labour beds) included under (b) (i) or (ii) above	—
(ii) women admitted to these maternity beds during the year	—
(d) Total number of cases admitted to these homes during the year :	
(i) expectant mothers	—
(ii) mothers and babies	—
(iii) babies	—
(e) Total number of such cases sent by the Council during the year to other homes for mothers and babies	—

11. DAY NURSERIES.

(a) Number of day nurseries :	
(i) provided by the Council	—
(ii) provided by voluntary associations	—
(b) Number of places for children under 5 years of age in the nurseries :	
(i) provided by the Council	—
(ii) provided by voluntary associations	—
(c) Total number of attendances of children at these nurseries during the year ...	—

12. INFECTIOUS DISEASES.

Disease.	Number of cases notified during the year.	Number of cases visited by officers of the Council.	Number of cases for whom home nursing was provided by the Council.	Number of cases removed to hospitals.
(1) Ophthalmia neonatorum	3	3	1	—
(2) Pemphigus neonatorum	—	—	—	—
(3) Puerperal fever	3	3	—	3
(4) Puerperal pyrexia	* 11	11	—	9
(5) Measles and German measles (in children under 5 years of age)	859	786	—	3
(6) Whooping cough (do.)	Not notifiable	29	—	—
(7) Epidemic diarrhoea (do.)	do.	—	—	—
(8) Poliomyelitis (do.)	—	—	—	—

* One case of puerperal pyrexia was later notified as puerperal fever and is also included under heading (3).

As a result of treatment the vision was unimpaired in the three cases of ophthalmia neonatorum.

13. HOME NURSING.

(a) Number of nurses employed at the end of the year for the nursing of expectant mothers and children under 5 years of age, maternity nursing, or the nursing of puerperal fever :

(i) by the Council —
(ii) by voluntary association 8 (General nursing)

(b) Total number of cases attended during the year by these nurses 129

14. MIDWIVES.

- I. (a) Number practising in the area served by the Council for maternity and child welfare at the end of the year :

(i)	district	...	...	...	...	...	...	...	...	...	...	21
(ii)	institutional : Ferham House Municipal Maternity Home								...	...	3	
	Alma Road Hospital					...	...	...	...	...	14	
											—	17
											—	—
												38

- | | | | | | | | | |
|------------|--|-----|-----|-----|-----|-----|-----|----|
| (b) Number | (i) employed by the Council | ... | ... | ... | ... | ... | ... | 17 |
| | (ii) subsidised by the Council | ... | ... | ... | ... | ... | ... | — |
| | (iii) employed by voluntary associations | | | ... | ... | ... | ... | 1 |

- [illegible]

- II. (a) Number of cases attended by midwives during the year (district midwives only) :

[illegible]

- (b) Number of cases during the year in which medical aid was summoned by a midwife under Section 14 (1) of the Midwives Act, 1918 :

(i)	district	...	...	...	...	...	...	...	...	...	220
(ii)	institutional : Ferham House Municipal Maternity Home								...	...	119
	Alma Road Hospital								...	...	81
										—	200

15. MATERNAL DEATHS.

- (a) Number of women who died in, or in consequence of, childbirth in the area served by the Council for maternity and child welfare during the year :

[illegible]

- (b) Number of these cases which died :

[illegible]

SECTION X.

MENTAL DEFICIENCY.

In the following table particulars are given for the year 1934 of mental defectives (A) "subject to be dealt with" by the Local Authority, and (B) who may become "subject to be dealt with" by the Local Authority.

A.—Number of cases "subject to be dealt with" :—

						Males.	Females.	Total.	
1.	Under " order " :—								
	(a)	(1)	In institutions (excluding cases on licence).						
			Under 16 years of age	...	...	...	6	1	7
			Aged 16 years and over	...	...	...	23	28	51
		(2)	On licence from institutions.						
			Under 16 years of age	...	...	...	—	—	—
			Aged 16 years and over	...	...	...	—	—	—
	(b)	(1)	Under guardianship (excluding cases on licence).						
			Under 16 years of age	...	...	...	—	—	—
			Aged 16 years and over	...	...	...	2	2	4
		(2)	On licence from guardianship						
			Under 16 years of age	...	...	...	—	—	—
			Aged 16 years and over	...	...	...	—	—	—
2.	In " places of safety."								
			Under 16 years of age	...	...	...	1	—	1
			Aged 16 years and over	...	...	...	—	—	—
3.	Under statutory supervision						10	7	17
	Of whom—								
	(a)	Awaiting removal to an institution				6	5	11	
4.	Action not yet taken under any one of the above headings :—								
	(a)	Notified by Local Education Authority (Sec. 2 (2))				4	1	5	
	(b)	Mental defectives in receipt of Poor Law relief :—							
	(1)	Institutional	(a) In Public Assistance institutions and municipal general hospitals not approved under Section 37			5	9	14	
			(b) In institutions certified under the M.D. Acts (including those approved under Section 37) —						
			(i) Cases " placed " under Sect. 3			—	—	—	
			(ii) Other cases			—	1	1	
	(2)	Domiciliary	...	...	...	12	15	27	
	(c)	Otherwise " ascertained "				1	—	1	
B.—Number of cases who may become " subject to be dealt with " :—									
1.	In institutions or under guardianship—dealt with under Sec. 3 :—								
	(a)	In regard to whom the Local Authority contributes under its permissive powers				—	—	—	
	(b)	Maintained wholly by parents, relatives or others				—	—	—	
2.	Reported to the Local Authority from any reliable source and recognised by them as mentally defective but as to whom no action under the Mental Deficiency Acts has been taken						30	50	80
	(a)	Children between the ages of 14 and 16 years				—	1	1	
		Of whom number, if any, under voluntary supervision				—	—	—	
	(b)	All other cases				30	49	79	
		Of whom number, if any, under voluntary supervision				30	49	79	

Also there were

						Males.	Females.	Total.
(a)	Number of instances in which licence was granted during 1934 :—							
	1.	From institutions	...	...	...	—	—	—
	2.	From guardianship	...	...	...	—	—	—
(b)	Number of instances in which cases on licence have been returned to institutions or transferred to guardianship during the year 1934 :—							
	1.	To institutions...	...	...	...	2	—	2
	2.	To guardianship	...	...	...	—	—	—

Of the cases notified by the Local Education Authority under Section 2 (2) during the year, there were :—

						Males.	Females.	Total.
Sent to institutions by “ order ”	...	...	...	...	...	—	—	—
Placed under guardianship by “ order ”	...	...	...	...	...	—	—	—
Placed under statutory supervision	...	...	...	...	...	4	1	5
Placed in “ places of safety ”	...	...	...	...	...	—	—	—
Died or removed from area	...	...	...	...	...	—	—	—
Action not yet taken	(a)	in receipt of Poor relief	...	...	...	—	—	—
	(b)	Others	...	...	...	—	—	—
Total						4	1	5

Of the total number of mental defectives known to the Local Authority, there were :—

(a) Number who have given birth to children during 1934

(1)	After marriage	...	...	...	2
(2)	While unmarried	...	...	...	—

Males. Females. Total.

(b) Number who have married during year ... — — —

At the end of the year the total number of defectives known to the Local Authority was 208. Of these, 62 were under “ order,” 58 being in institutions and 4 under guardianship. One was in a “ place of safety.” 42 were in receipt of Public Assistance relief, comprising 15 institutional and 27 domiciliary. The remaining 103 were maintained in their own homes, 22 of whom were under statutory supervision.

The 58 cases under “ order ” in item A.1, (a), (1), were in the following certified institutions :—36 cases in the St. Catherine’s Certified Institution ; 9 cases were in the Whittington Hall Certified Institution ; 6 cases were in the Rampton State Institution ; 3 cases each were in the Cell Barnes Colony and the Stoke Park Colony, and 1 case was in the Eagle House Hostel.

Of the 4 cases under guardianship, 3 were under the care of the Brighton Guardianship Society, and 1 was under the care of the Central Council for Mental Welfare.

One case in the care of the Public Assistance Committee was in the David Lewis Colony. One case was detained in the Alma Road Hospital as in a "place of safety" and 14 others were in residence in the institution being in receipt of public assistance institutional relief.

As from 1st February, 1934, the two high grade male adult blocks at the St. Catherine's Certified Institution, Loversall, near Doncaster, became available for the reception of patients. Of the 120 beds provided for the constituent authorities of the South-West Yorkshire Joint Board, Rotherham received an allocation of 16 beds. These beds were filled by the transference of the 7 cases who were in the Royal Albert Institution, Lancaster, after re-certification; the 2 cases who were on "licence" to the Alma Road Institution; 1 case each from the Calderstones Certified Institution and the Dovenby Hall Colony; and 4 cases certified from the Alma Road Institution. The remaining male bed was reserved for a high grade male boy who became 16 years of age during 1934. This bed, however, was still vacant at the end of the year owing to the defective's physical inability to take his place amongst the older high grade male patients. The male patient who was transferred from Calderstones earlier on in the year proved unsuitable, and on 29th October was transferred to the Rampton State Institution. This bed was vacant at the end of the year.

No alteration occurred in the bed occupancy of the remainder of the beds at St. Catherine's during the year, and the following statement shows the allocation and occupation at 31st December, 1934, of the Rotherham beds at this institution :—

		MALES			FEMALES		Total
		High grade		Low grade	High grade	Low grade	
		Boys under 16 years	Adults				
Beds allocated	...	3	16	3	15	3	40
Beds occupied	...	3	14	3	16	—	36

In addition to the male vacancies referred to before, the 3 female low grade beds were still vacant, no suitable cases conforming to the definition of "cot and chair type" being known; whilst 1 high grade female bed was over occupied. It is

hoped during the early part of the new year to effect an exchange of beds with one of the other constituent authorities of the Joint Board and so obtain the full effect of the provision made.

One case, a high grade female, who having previously been placed under the guardianship of her parents following license from institutional care, was discharged from guardianship during the year and placed on voluntary supervision.

One defective, who was under statutory supervision, died during the year, after admission to the Alma Road Hospital, the cause of death being cerebral spinal meningitis (suppurative).

Three boys, referred by the Juvenile Courts to the Local Authority under the Children's Acts, were placed under "order" and admitted to the Cell Barnes Colony, St. Albans, at which institution they were in residence at the end of the year.

SECTION XI.

BLIND PERSONS.

The number of blind persons registered in the Borough at the 31st December, 1933, was 145. During the year 1934 the number of new cases registered was 13, and the deaths or removals 11. The number on the register at the end of the year was 147.

The following tables will be of interest :—

DISTRIBUTION.

Intra-institutional									
Sheffield Workshops :	Workers	...	...	...	...	...	...	...	9
	Trainees	...	...	...	...	...	...	...	2
Royal Blind School, Sheffield	...	...	...	...	...	...	...	...	2
Other residential institutions	...	...	...	...	...	...	...	...	2
Public assistance institutions	...	...	...	...	...	...	...	...	3
Mental hospitals	...	...	...	...	...	...	...	...	3
Extra-institutional	...	...	...	...	...	...	...	...	126
									147

AGE AND SEX.

Age.								Males.	Females.	Total.
0—5	...	...	...	...	...	...	...	—	—	—
5—16	...	...	...	...	...	...	...	1	1	2
17—20	...	...	...	...	...	...	...	2	4	6
21—30	...	...	...	...	...	...	...	6	1	7
31—40	...	...	...	...	...	...	...	8	6	14
41—50	...	...	...	...	...	...	...	9	5	14
51—60	...	...	...	...	...	...	...	14	6	20
61—70	...	...	...	...	...	...	...	24	18	42
71 and over	...	...	...	...	...	...	...	24	18	42
								—	—	—
								88	59	147

EMPLOYABILITY (over 16 years of age).

							Males.	Females.	Total.
Employed	...	...	...	...	...	...	9	5	14
Training ...	...	...	...	...	...	...	1	1	2
Trainable	...	...	...	...	...	...	5	1	6
Unemployable	...	...	...	...	...	...	72	51	123
							87	58	145

EMPLOYMENT.								
Factory :	Basket makers	...	...	...	...	...	...	1
	Mat makers	...	...	...	...	...	...	3
	Knitters	...	...	...	...	...	...	5
	Brush makers	...	...	...	...	...	...	2
	Masseur	...	...	...	...	...	...	1
								—
At home	...	...	...	...	...	...	...	12
								4
								—
								16
								—

For the seventh year in succession there have been no blind children under the age of five years. The two children under 16 years of age on the register are resident at the Royal Blind School, Sheffield.

All blind persons in the Borough who are suitable for technical training are either receiving this or are awaiting admission to the Workshops at Sheffield.

The yearly analysis of the register has been made, and the Blind Persons Act Committee are satisfied that all blind persons under the age of 50 who are suitable for education or technical training have been reported to the Education Committee, and that employment has been provided for all blind persons able to take advantage of it.

As in past years, each new case is examined by Dr. Snell.

There are 104 blind persons of 50 years and over resident in the Borough. All blind persons at this age period are eligible for the Old Age Pension on the same terms as sighted persons over 70 years of age. Of the 104, 95 are in receipt of the pension ; one is married, and their income is over the scale ; 2 have private means, and their income is over the scale ; and 6 are resident in institutions.

The co-operation between the Borough Council and the Sheffield City Council in matters relating to the welfare of the blind has been continued during the year.

The Rotherham Borough Council granted domiciliary assistance to the unemployed blind persons in the Borough amounting to £2,442 19s. 0d., being an increase of £166 17s. 4d. over the previous year.

The handicraft class has been continued during the year ; meetings have been held each week, and have been organised on the same lines as last year. The attendances have again increased so far as the Rotherham blind persons are concerned, as will be seen from the following table :—

1933—Rotherham blind persons ...	...	...	...	1014
West Riding blind persons	...	...	...	356
				<hr/>
				1370
				<hr/>
1934—Rotherham blind persons ...	...	...	...	1055
West Riding blind persons	...	...	...	284
				<hr/>
				1339
				<hr/>

In connection with the Braille class there have been 110 attendances during the year in addition to the 30 lessons given in the homes.

The swimming class started in 1933 has been continued, and the attendances have been as follows :—

Rotherham blind persons ...	...	...	...	...	270
West Riding blind persons	...	...	...	...	16
					<hr/>
					286
					<hr/>

These classes are very much appreciated, and thanks are due to the members of the Borough Treasurer's department for their voluntary assistance. At the annual Hospitals Swimming Gala a cup was presented by Messrs. Francis Lowe and Sons to be won annually by the blind people. This year it was won by Mr. Fred Brownhill.

The monthly concerts during the winter session have been continued. These concerts are much appreciated by the blind people, and the attendances have been very good.

The summer outing, tea and concert at Christmas and Christmas gifts to the blind people were again provided.

During the year the Blind Persons Act Committee have installed 74 clear radio sets to replace the wireless sets previously provided ; 7 have still the sets originally provided by this Committee awaiting consent from their various landlords, and 28 have their own sets, making a total of 109 blind people with wireless. Certificates have been issued to these persons entitling them to receive a free wireless licence in accordance with the Wireless Telegraphy (Blind Persons Facilities) Act, 1926. The broadcast programmes are of great interest to blind persons, and the free license and provision of free sets are amongst the most appreciated benefits provided.

The Voluntary Fund Committee has continued its work during the year in close co-operation with the work under the Borough Council. The balance brought forward on 1st January, 1934, was £57 13s. 0d., and the income received was £409 0s. 9d. ; the expenditure for the year was £118 7s. 7d., leaving a balance in hand at the end of the year of £348 6s. 2d. Through this fund gifts of clothing and glasses, extra nourishment, etc., have been provided to necessitous cases.

During the year tickets have been issued to blind persons in the Borough entitling them to free slipper baths at the Rotherham Corporation Public Baths.

The work of visiting and teaching in the Borough has again been carried out by Miss N. Brookes under the terms of the agreement between the Sheffield Corporation and the Rotherham Borough Council. During the year she had paid the following visits :—

Routine	Special	Assistance	Lessons	Total
137	114	214	30	495

During the year, 762 twopenny and 793 one penny tram tickets were provided free of charge to the blind persons living within the Borough, the cost being borne in equal proportions by the Tramways Committee and the Blind Persons Act Committee.

Through the kindness of the managements of the Hippodrome, Empire, Cinema, Whitehall, and Tivoli picture houses, blind persons living in the Borough are allowed passes to attend performances at each of these places free of charge.